

**Virginia Society C.A.R. Annual Fees and Donations 2021-22**

**All Fees Due by September 30, 2021**

**PLEASE PRINT NEATLY**

<b>To be completed by all State Officers &amp; State Committee Chairpersons (Seniors and Members)</b>		<b>One Form Per Officer or Chairperson Please Complete the following:</b>	
Send a copy of this report and check to:  Rebecca Slaughter Senior State Treasurer 14333 Ferndale Road Dale City, VA 22193		<b>Officer/Chairman contact Information</b> <i>Name:</i> <i>Phone Number:</i> <i>Email:</i> <i>Society Name:</i>	
<b>Make Checks payable to:</b> <b>Virginia Society C.A.R., Inc.</b> <i>Please- do not mail cash</i> <i>Please- do not use staples</i> <i>Thank you!</i> <b><u>Thank you for your leadership in V.S.C.A.R.!</u></b>		<b>Please check one:</b> <input type="radio"/> Senior <input type="radio"/> Member	
Email any questions to: <a href="mailto:vscarstatetreasurer@gmail.com">vscarstatetreasurer@gmail.com</a>		<b>Office or Chairmanships:</b> <i>Please list all offices and chairmanships you hold</i> 1.) 2.) 3.) 4.)	
		<i>Unless otherwise indicated, any donations will be credited to the Society of the person completing this form.</i>	
<b>Fees</b>	<b>\$</b>		<i>Amount Enclosed</i>
<input type="radio"/> Sr. Society Pres	\$5.00	Paid by each SSP yearly	\$
<input type="radio"/> State Senior Fee	\$5.00	Paid by Sr. Officer/Sr. Chr. yearly	\$
<input type="radio"/> Senior Contest Fee	\$5.00 X _____	Paid per contest/office yearly	\$
<input type="radio"/> Member Contest Fee	\$5.00 X _____	Paid per contest/office yearly	\$
<b>Total Fees Enclosed</b>			<b>\$</b>
<b>Donations</b>			
State Project 2021-22			\$
Scholarship Fund			\$
Voice of Virginia ( <i>Donations only – no Subscriptions on this form</i> )			\$
Operating Fund			\$
Conference Fund			\$
Other donations _____			\$
<b>Total Donations Enclosed</b>			<b>\$</b>
<b>Total Amount Submitted (Fees plus Donations)</b>			<b>\$</b>

<p>For Senior State Treasurer Use only</p> <p>Postmark Date: _____</p> <p>Check # _____ Amount of Check: _____</p> <p>Comments: _____</p>
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