

**COMBINED DUES AND INSURANCE
2008**

CFMS Dues: \$1.50 per member
Insurance: \$6.00 per member
Total: \$7.50 per member

Society: _____

Address: _____

Treasurer: _____

We have _____ members as of 12/31/07

I have enclosed a check for: \$_____ and a list of members as of 12/31/07.
Make check payable to C.F.M.S.

Send to: Pat LaRue
P. O. Box 1657
Rialto, CA 92377-1657

CFMS NEWSLETTER

Newsletter Subscription \$5.50 per Calendar Year
(Not Prorated)

Please include your ZIPCode plus 4 for mailing efficiency

New _____ Renewal _____

Name: _____

Address: _____

City: _____ State _____ Zip+4 _____

Club/Society: _____

Make check payable to C.F.M.S, and send to:

Pat LaRue, Exec. Sec./Treas
P. O. Box 1657
Rialto, CA 92377-1657