Orlando Area Council of Beta Sigma Phi

ΒΣΦ

Statement of Chapter Dues

Dues for the new sorority year are now due. Please, submit to the Council Treasurer, a name roster with chapter check made payable to ***Orlando Area Council***.

Chapter Name _____

Members Names	**Status (Active or Leave of Absence)**

_____ # of members x $10.00 each $_____ Total of check submitted
(# represents active and LOA members only)

Chapter dues are due for each Active and Leave of Absence member on the chapter roster as of the May council meeting.

A late fee of 10% per month of non-payment will be assessed if dues are not paid in full no later than October 1st; voting rights will be revoked if not paid by the October Council meeting. (Standing Rule 4B).

~~OAC TREASURER PAYMENT RECORD ONLY~~

DATE PAID	**CHECK #**	**AMOUNT SUBMITTED**
_____	_____	_____