

National Silhouettes of Kappa Alpha Psi Fraternity, Inc.

Chapter Financial Reporting Form - National Dues

Chapter

Province Coordinator

City

State

Date

Report No.

SECTION 1 - Complete this section when submitting *FIRST* report of the year, *ONLY*.

ROSTER OF OFFICERS FOR THE YEAR ____/____

	Address	City	State	Zip	Phone (Area Code)
President	_____	_____	_____	_____	_____
Vice President	_____	_____	_____	_____	_____
Recording Secretary	_____	_____	_____	_____	_____
Corresponding Secretary	_____	_____	_____	_____	_____
Financial Secretary	_____	_____	_____	_____	_____
Treasurer	_____	_____	_____	_____	_____
Parliamentarian	_____	_____	_____	_____	_____

SECTION 2 - Complete this section *EACH* time a report is submitted.

Please Note: This form is for the submission of National Dues *ONLY*. Do not send Province Dues.

_____ No. of Returning Silhouettes @ \$15.00 per member.....\$_____00

_____ No. of Returning Silhouettes @ \$17.00 (including \$2 late fee; **after 11/30**).....\$_____00

_____ No. of New Silhouettes @ \$15.00\$_____00

Enclosed please find check/money order # _____ in the amount of.....\$_____00

Make check/money order payable to: National Silhouettes of Kappa Alpha Psi

Name and Address of the person financial cards should be sent to:

NAME :

ADDRESS :

CITY, STATE, ZIP :

Please send original and 2 copies of this form with check/money order to:

**Silhouette QuanTriel Pruitt, National Financial Secretary
3821 Westminister Place , St. Louis, MO 63108 (314) 534-2848**

