

Member Late Payment Form

Date _____

check # _____

Chapter _____

City _____

Member name (last, first, middle, maiden)

Per Capita

Total _____

Per Capita should include: *Each item per member*

General per capita tax:	\$15.00
Division per capita tax	\$10.00
Division operating fund:	\$ 0.50
Division Children of the Confederacy:	\$ 1.00
SC Confederate Memorial Day fund:	\$ 0.25
Benevolent fund:	\$ 0.25
Total	\$27.00

Chapter Treasurer: _____

Email: _____

Mail to: Charlene Shealy-Lanford, 1026 Dreher Island Rd, Chapin SC 29036-9519