## **Renewal or Reinstatement Processing Form**

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Use to remit dues for renewals or to reinstate previous members

Member Information: (please type or write clearly)

Dues Info: BPW/TN MOL \$50.00. Sr.MOL \$40.00. BPW/TN SOL \$15.00

Dues IIIIo. Brvv/IIv Mol \$30.00, St.Mol \$40.00, Brvv/IIv Sol \$13.00				
Member	Name:		State Dues	
Type:	Company Name:	New	\$	
(please circle)	(if applicable to mailing address)			
Member of	Address 1:			
Local (MOL)	Address 2:			
Student of	City, State, Zip:			
Local (SOL)	Work:	Home:		
Senior	Cellphone:	E-mail:		
Member	Name:		State Dues	
Type:	Company Name: New		\$	
(please circle)	(if applicable to mailing address)			
Member of	Address 1:			
Local (MOL)	Address 2:			
Student of	City, State, Zip:			
Local (SOL)	Vork: Home:		1	
Senior	Cellphone:	E-mail:	İ	
Member	Name: State Dues			
Type:	Company Name:	New		
(please circle)	Company Name:  (if applicable to mailing address)  New			
Member of	Address 1:			
Local (MOL)	Address 2:			
Student of	City, State, Zip:			
Local (SOL)	Work:	Home:		
Senior	Cellphone:	E-mail:		
Step 1: After indicating "Member Type" for each new member, please complete all information requested. All information will be used to update the BPW/TN database and used on mailing labels. Please confirm all information for accuracy. Errors can lead to non-receipt of member mailings. Enter Member Renew Date.  Step 2: Enter the dues collected from each member for State dues. The current State dues are: Member of Local (MOL) \$50.00, Senior MOL \$40.00 and Student of Local (SOL) \$15.00. Information about State dues can be obtained by contacting your State Treasurer.  Step 3: Remit all renewallmember dues collected by the 10th of the followingmonth. Please use as many forms as you need. Send the state dues amount collected to BPW/TN at the address shown.  PLEASE KEEP A DUPLICATE COPY FOR YOUR RECORDS		Remit Directly to:  BPW/TN State Treasurer C/O Martha Ervin 1360 Baskins Rd. Burlison, TN 38015 Contact email: treasurer@bpwtn.org  Total dues this page  ALL pages submitted for Renewing/ Reinstating Members	\$	
Local Organiz	ration Name			
Treasurer's Name				
Treasurer's E	-mail Address			
Treasurer's D	reasurer's Daytime Phone Number Date			