

2011 - 2012 Local Chapter Membership Dues

Membership Information (Please fill in ALL lines below)

Name: _____

Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Name for tag: _____

Spouse's Name: _____

Type of Membership: Bank: _____ *All financial institutions: Banks, Thrifts & Credit Unions*
(Please Check One)

Affiliate: _____ *All industry-affiliated companies: Non Bank, Thrift or Credit Union*

Member of National FMS: Yes _____ No _____

*We encourage you to join FMS National in addition to the local chapter. See membership application attached.
(Mail FMS National application along with separate payment to FMS National)*

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Bank: _____ \$ 70.00

Affiliate (See Desc): _____ \$ 100.00

Your prompt attention to this renewal notice is most appreciated. Please update all information requested above. Return this form in the enclosed envelope, along with your check payable to the Financial Managers Society, Philadelphia Chapter or mail/fax to: John Carrozza c/o Phoenixville Federal Bank & Trust, 564 Nutt Rd (Route 23) Phoenixville, PA 19460, 610-935-7147 (fax). You may also e-mail your information to jcarrozza@phoenixfed.com.