

2017 - 2018 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 _____

****If you wish to deduct your Chapter Dues from your National Dues, please keep a copy of this form along with a copy of your check as proof of payment to send along with your National Dues.**

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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 along with your check payable to the Financial Managers Society, Philadelphia Chapter to: Dorothy Jaworski, c/o Penn Community Bank, 219 S. 9th St, Perkasie, PA 18944