We	must	have:
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Completed Reciprocal Card Copy of Your Paid Dues Receipt

DATE	
CONTRACTOR_	

Your Membership Book

DATE'S PAYING FOR USE FRIDAY DATES)	FULL NAME	SS#	ВООК	HOME	AMOUNT
27(123)	& ADDRESS		#	LOCAL	PAID
				LOUAL	FAID
1				-	
				1	
				1 1	
				-	
		1		1 1	
				-	
				1 1	
		1		1	
				-	
		1			
		1	1		
		1			
			1		
		1	1		