

**National Association of Colored Women's Club Inc.**

**1601 R Street, N. W. – Washington DC 20009**

**(202) 667 – 4080 – (202) 667 – 2574**

**ANNUAL PER CAPITA TAX FORM FOR YEAR \_\_\_\_\_**

All forms must be completed in triplicate. All forms are to be sent to the elected State Financial Secretary, who will maintain a copy for the state's records and send the original and one copy with all dues payment to the elected State Treasurer, who will maintain one copy and send the original with all collected National dues to the National Association of Colored Women's Clubs, Inc. Any incomplete report will be returned to the elected State Treasurer for proper completion.

**State: Tennessee**

**Region: Southeastern**

Name of Club: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

President: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Number of Members: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Email Address – \_\_\_\_\_

**MEMBERS**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Report Submitted by: \_\_\_\_\_

**Name**

**Address**