Bear Down! You are making 4 copies Membership Year _____

ANNUAL PER CAPITA TAX REPORT

Southeastern Association of Colored Women's Clubs and Youth Clubs, Inc.

DIRECTIONS: List members by last name in alphabetical order. If new member indicate with (X). Give or send with correct amount of dues: **WHITE** copy to National Association of Colored Women's Clubs Inc., **GREEN** copy to S. E. Regional Financial Secretary. **PINK** Copy to State Financial Secretary, and keep **YELLOW** copy for your records.

STATE: TENNESSEE **Circle level: ADULT, YOUNG ADULT, YOUTH: GIRLS, BOYS, MIXED**

Name of Club: _____ Club City: _____
President Name & Address:_____
President Telephone:_____ Email Address: _____

Last Name	First Name	Street or P.O. Box	City/State/Zip	Telephone	National	Regional	State

Print Form Reset Form