

# SOUTH ATLANTIC ASSOCIATION OF SHRINE MOTOR CORPS

DUES ROSTER – Date \_\_\_\_\_

Temple \_\_\_\_\_ Unit Name \_\_\_\_\_ Class \_\_\_\_\_

Unit Director/Captain \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

2 Wheel machine/make \_\_\_\_\_ Yr. \_\_\_\_\_ CC/HP \_\_\_\_\_

3 Wheel machine/make \_\_\_\_\_ Yr. \_\_\_\_\_ CC/HP/WT \_\_\_\_\_

4 Wheel machine/make \_\_\_\_\_ Yr. \_\_\_\_\_ CC/HP \_\_\_\_\_

**\*DUES ARE \$20.00 PER MEMBER AND MUST BE PAID 45 DAYS IN ADVANCE FOR COMPETITION OR IF ATTENDING MIDWINTER 30 DAYS PRIOR TO MIDWINTER.**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

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E-mail \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

**REMIT TO: Charles Reece: 414 Boyd Rd. - Laurens, SC 29360**

**Phone: 864-872-2086**

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Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

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**REMIT TO:**