



**United Veterans Council
of New Mexico**

Annual Dues for 2017

MEMBER ORGANIZATION: _____

Commander, Chairman, President (Circle one)

number	Name	Telephone
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Address	email Address
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**ORGANIZATION'S OFFICAL REPRESENTATIVE
INFORMATION**

Delegate Information:

Name	Telephone number
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Address	email Address
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Include Organization's Alternate Information:

Name	Telephone
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Address	email Address
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Financial: Cash: _____ Check: _____ Check# _____ Date: _____

(To be completed by UVC Treasurer) - contact Treasurer if there are questions on this form.
