Membership Transmittal Instructions

Use this sheet to help fill in the Form with correct information and format

Heading Columns - These columns will automatically fill in on every page in current Report

- 1. Membership Year Format example: 2011-12,etc. Membership year starts October 1
- **2. Post Number** self explanatory
- 3. **Post Name** self explanatory
- **4. Report Number** pick applicable number from Drop-down list
- 5. Page Number You must pick page number of THIS report on each page, number consecutively
- **6.** Date self explanatory i.e., October 1, 2011
- 7. Chapter type name of Chapter (if applicable), put N/A if no Chapter
- 8. State Dept pick state from Drop-down list, pick N/A if no Department

Main Body Columns – You must fill in the information in these columns

- **9.** No. number Member entries consecutively (1,2,3, etc). On 2nd and later reports, start numbering with where you left off from previous report.
- 10. Last Name Type last name in ALL CAPS and must be in alphabetical order
- 11. First Name/Initial self explanatory
- **12. New Add.** check this box <u>ONLY</u> if Member has moved since last Transmittal. Put the <u>NEW</u> address in these Address blocks. List old address on Address change page (page 2 of Online Transmittal) and attach at back of Report when printing & mailing
- 13. Address House #, Full Street Name (include Rd., Ave., St., etc)City Name (abbreviate Hts., etc.) State two letter abbreviation & 5 digit ZIP
- **14.** New Member check ONLY if is 1st time member, never been listed on a Transmittal
- 15. Renew- check for all continuing members from last year
- **16. Life -** check ONLY for Life Members
- **17. Waiver** check for members over 85 **AND** for members who joined in July, August or September and have been listed on a previous Transmittal

Bottom Columns - These columns will automatically fill in on every page in current Report

- **18. Total this Report** enter total number of check marks from each column from **ENTIRE**Report you are sending. Do **NOT** enter in total of each page.
- 19. Total Last Report Enter total number for each column on LAST report submitted. Enter a(0) if this is the first Report sent.
- **20. Total This Report** Totals from #17 and #18 will automatically be added
- 21. Commander's Name, Address, City, State, ZIP Self Explanatory
- 22. Report Prepared By, Title, Address, City, State, ZIP Self Explanatory

When finished entering all members information - Save file to your computer, print ONLY the pages you have filled in (example: 1-5, 1-10, etc.). Follow Disposition of Form Instructions and mail correct number of copies to next Higher Echelon with all applicable Per Capita Fees.

Membership Year		Report No pg no
Post Number	Catholic War Veterans OF THE UNITED STATES OF AMERICA	Date
Post Name	OF THE UNITED STATES OF AMERICA State Dept.	Chapter

	(TYPE OR P	RINT ALPHABETICALL	Y - IF AD	DRESS IS	NEW, USE 2 ^N	ID PAGE	FOR OLD AD	DRESS)			
NO.	LAST NAME	FIRST NAME/INITIAL	NEW ADD.	(Numbei	ADDR & Street)	ORESS (City, State Zip Code)		NEW	RENEW	LFE	WAIVER
											1
											1
											1
Note - ALL applicable Per Capita payments must accompany			any	TOTAL	THIS RE	PORT					
this form when submitted to the next higher Commander's Name		ed to the next higher e	CHCIOII		TOTAL LAST REPORT		EPORT				
Commander's Street Address				TOTAL TO DATE		ATE					
City, State & ZIP Code				DISTRIBUTION OF THIS FORM: Originating Post – Make four (4) copies, retain one (1) forward three (3) copies to Chapter							
Report Prepared by											
Prepa	rer's Title				Chapter – Retain one (1) copy,						
Preparer's Street Address				Forward two (2) copies to State Department State Dept – Retain one (1) copy					it		
City, State & ZIP Code					Forward one (1) to National Dept						

M	lembers with	a New Address	– please list below					
REF NO. From front page	LAST NAME	FIRST NAME/INITIAL	OLD ADDRES (Number & Street) (City,	OLD ADDRESS Number & Street) (City, State Zip Code)				
			1					
				<u> </u>				
				1				
				1				
				1				
				<u> </u>				
		For Office Use Only						
Through Echelon	1	Name on Check	Amount of Check	Check Number				
Chapter		(Post)						
State Department		(Chapter, Post)						
National Departmen	nt (Dept., Chapter, Post)						