PLEASE TYPE OR PRINT
Page _____ of _____

State of Mississippi Organization State Dues Remittance Form

Omega Psi Phi Fraternity, Inc.

REPORT OF STATE DUES/FUNDS
For the fiscal year November 1, _____ to October 31, _____

CHAPTER NAME _____ CHAPTER NUMBER _____ DATE _____

CHAPTER ADDRESS _____ CHAPTER TYPE (circle) U I G

Full Name	Control #	State Dues Submitted	Late Fee	Life Member	District Life	Total Remitted	
Totals:							

Process Date:	SKRS	SKF	SR	Membership Total:

Note: When completing State Dues form, include all brothers currently within your respective chapters; please indicate the following status when submitting (i.e. National or District Life Membership status). Also when submitting your dues, please print or Type. Add late applicable fees ($3.00) if submitting after December 31st, 2008.

Name: _____ Position: _____ Phone: _____ Email: _____
Signature: _____