

COMPENSATION FUND SUBMISSIONS

R.G.C.: _____

DATE: _____

NO.: _____

	<u>CLUB NAME</u>	<u>NUMBER OF ADULT FUND SUBS.</u>	<u>NUMBER OF HALF-RATE FUND SUBS.</u>	<u>COMBINED COST TENDERED</u>	<u>CHECKED AT NATIONAL OFFICE</u>	<u>COMMENT</u>
1.				€		
2.				€		
3.				€		
4.				€		
5.				€		
6.				€		
7.				€		
8.				€		
9.				€		
10.				€		
11.				€		
12.				€		
13.				€		
14.				€		
15.				€		
	<u>TOTAL</u>			€		

SIGNED: _____

NOTE: A SUBMISSION SHEET (2 COPIES) AND CHEQUE MUST ACCOMPANY EVERY MAILING OF RENEWAL APPLICATIONS
* **USE NO STAPLES**