

## Membership Report

Unit Name:	<del> </del>		Unit #:	District:
Unit Chairman:				
Number of PUFL:	Number of p	aid Seniors: N	umber of paid Junio	ors:
Does your unit use AL	A MIS to pay du	ues?		
This is what our unit d Mid-Year: July 1, 2025 Activity:	•	•	. •, .	·
Activity:				
Activity:				
Does your Unit have a	an Early Bird Inc	centive? If so, how is	it implemented?	
How does your unit he	elp those who a	re financially unable	to pay their dues?	
What are your expens	es (excluding n	nembership dues pay	ments) for promoti	ng membership?
\$ In-Kind I How many hours do y			d how?	
Phone Calls	_ Visits	Emails:	Regular Mail:	
Other:				
Please submit report t	. •	•		
Please include digital pictures and a narrative about your membership program with your report.				