PCT	"A"	Revised	04-03
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Please type or Print Legibly

Unit#	Month	20

REPORT OF NEW MEMBERS (CODE 59)

Service	Affiliation	Payment	Na	me	Address	Phone	Birth Date
Code	Code		Last	First			
(1)	(2)	(3)	(4	1)	(5)	(6)	(7)
		l .			1		l

REPORT OF REINSTATED MEMBERS (CODE 52)

Member		Affiliation	Payment	Name		Address	Phone	Birth Date
Number	Code			Last	First			
(8)	(9)	(10)	(11)	()	12)	(13)	(14)	(15)

REPORT OF MEMBERSHIP RENEWALS

Member Number	Payment Amount	Last	Name	First
(16)	(17)		(18)	

REVISED 1/13/2009 NFS LA FRA