



LAMOPH

MEMBER VERIFICATION REPORT

MUST BE RECEIVED BY OCTOBER 1st

The following information is based upon the Roster dated **June 30th**. All members are verified as being members of the Unit except those listed below.

Please state reason for Exception: Deceased (D); Transferred (T); Other (O). Please provide date of Death or Transfer. Use additional pages if needed.

UNIT # _____ **in the State of** _____

Member #	Member Name	Reason for Exception	Date of Exception

Summary of Members:

Number of **Regular Members** * _____

Number of Junior Members _____

Number of Associate Members _____

TOTAL Membership _____

I certify that I am the Secretary of Unit # _____. The above information is correct as of **June 30th**. All exceptions have been noted.

Signature: _____ PRINT NAME: _____

1. This form must be received by the National Secretary, with a copy to the Membership Chairman, by October 1st.
2. Unit Secretary must sign and date the form.
3. * Life Membership Rebates are based upon the number of **Regular Members** on June 30 of each year.
4. The Life Member Verification Form is part of the compliance requirements of the Unit: The Finance Report and the Filing of IRS Form 990 are also required to be submitted for a Unit to qualify for a Life Membership Rebate and be in compliance with National Guidelines. The Installation Report must have been submitted by 6/30.
5. No rebates are paid to Departments for non-compliant Units.