c/o José van Berkel
815 Agassiz Road
Kamloops, BC V2B 6G9
Phone: 250-490-7787
Email: omdcsectreas@gmail.com

C.U.P.E. Local No.: _____

Date: _____

Attached is cheque number _____ for per capita tax at **$0.35** per member for the month of _____, _____.

Month / Year	Number of Members	Amount
	Total Remittance	$

Note: Please make cheque payable to **Southern Interior District Council (SIDC)** and remit to the Treasurer c/o the address shown above.

Presidents
Name: _____
(Print Name)

Treasurer: _____
(Print Name)

Address: _____

_____

E-mail: _____

Certified Correct

_____
(Signature of Treasurer)

Verified: _____

Entered: _____