



National Society Colonial Daughters of the Seventeenth Century

Treasurer General Colleen L. Petosa

508 Cattlebaron Parc Drive, Fort Worth, TX 76108-9547

817-455-1363

cpetosatx@hotmail.com

DUES PACKAGE CHECKLIST

Due Date: 15 February **Annually**

MAIL DUES PACKAGE TO - COLLEEN L. PETOSA

508 Cattlebaron Parc Drive, Fort Worth, TX 76108-9547

Items to Include in Your Dues Package Envelope

Checks:

1. Checks made payable to: NSCD17thC
 - A check for the *Combined Total* from the Treasurer's Payment Summary Form.
 - If needed, a separate check for \$20.00 for each chapter member who transferred to *Member-at-Large* (MAL).

Completed Forms:

2. Treasurer's Payment Summary Form.
3. Annual Membership Change Report Form (Listing: New, Reinstated, Transferred, Deceased, and Resigned members).
4. Excel Membership Roster showing whether Members are Paid, Unpaid, as well as Reinstated, Transferred, Deceased, or Resigned with dates. **Include a printed copy and then email a copy to the Treasurer General at cpetosatx@hotmail.com. **
5. Report of Chapter Elections, (If applicable).
6. IRS 990-N Acceptance copy or other tax returns.
7. President General's Award Criteria Form.
8. Chapter Registrar Report Form completed by your chapter registrar.

Also email to Registrar General, Mary Glenn at mwg914@aol.com.



National Society Colonial Daughters of the Seventeenth Century

Treasurer General Colleen L. Petosa

508 Cattlebaron Parc Drive, Fort Worth, TX 76108-9547

817-455-1363

cpetosatx@hotmail.com

TREASURER'S PAYMENT SUMMARY

Due Date: 15 February 2025

National Bylaws, Article V - Fees and Dues:

- **Section 2.** The annual national dues of \$15.00 shall be sent to the Treasurer General by the Chapter Treasurer on or before *February 15*.
- **Section 5.** A member whose dues are unpaid on *March 1* shall be deemed in arrears and shall be disqualified from voting at the General Business Assembly
- **Section 7.** An applicant accepted after the October National Executive Council meeting shall be exempt from paying dues for the next succeeding calendar year.
- **Section 9.** The fiscal year of the National Society shall be from *April 1* through *March 31*.

Chapter Name: _____ Chapter # _____

Treasurer's Name: _____ EIN: _____

Street: _____ City: _____ State: _____ Zip+4 _____

Email: _____ Phone: _____

Annual National Dues of \$15.00 for _____ Adult Members..... Total _____

Donations to President General's Project..... Total _____

Donations to Cornelia Davis Academy Award Fund..... Total _____

Naval Academy at Annapolis and the U.S. Military Academy at West Point.

Donations to Lincoln Memorial University..... Total _____

Charlotte Bauer & Nannine Wallis Scholarships for the needy.

Donations to Lycoming College..... Total _____

Mary Housenick Miller Scholarship for students majoring in American History.

Donations to William & Mary: Hallie E. Russell Scholarship..... Total _____

For a graduate student in American History.

Donations to William & Mary Foundation Special Collection..... Total _____

Research Fund #3705 - Martha Roberts Rare Book Fund, VA Colonial Governor Frances Nicholson Library.

Donations to Betsy Kuster Nuthead Presshouse Fund..... Total _____

TOTAL Dues & Donations Total _____



National Society Colonial Daughters of the Seventeenth Century

Treasurer General Colleen L. Petosa

508 Cattlebaron Parc Drive, Fort Worth, TX 76108-9547

817-455-1363

cpetosatx@hotmail.com

ANNUAL MEMBERSHIP CHANGE REPORT

Changes from 01 April 20__ to 31 March 20__

Chapter Name: _____ Chapter # _____

Completed by: _____ EIN: _____

Street: _____ City: _____ State: _____ Zip+4 _____

Email: _____ Phone: _____

New Members NOT listed on Membership Roster:

	National #	Name	Date Admitted
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Reinstated Members NOT listed on Membership Roster

	National #	Name	Date Reinstated
1.	_____	_____	_____
2.	_____	_____	_____

Members Transferred INTO your Chapter NOT listed on Membership Roster

	National #	Name	Date of Transfer IN
1.	_____	_____	_____
2.	_____	_____	_____

Members Transferred OUT of your Chapter STILL listed on Membership Roster

	National #	Name	Date of Transfer OUT	MAL (y/n)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Deceased Members listed on Membership Roster

	National #	Name	Date of Death
1.	_____	_____	_____
2.	_____	_____	_____

Resigned Members listed on Membership Roster

	National #	Name	Date of Resignation
1.	_____	_____	_____
2.	_____	_____	_____

NOTE: Also, send one (1) copy of this form to Corresponding Secretary General Jennie Rehnberg at hcrkhf@aol.com.