

CDC HEALTH PROFESSIONAL MEMBERSHIP & DUES REPORT FORM 2009 - 2010

Church Name and Address: _____

Church District # _____ Church Region# _____ Church Phone: _____ President phone: _____

Health Professional President _____ or Healthcare Leader _____

Health Professional Members	Credentials/ CPR	Summer	Fall	Winter	Spring	Sub-total Dues
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

Total Membership _____ **Date of Report** _____ **Total Dues Collected:** _____

CDC HPTreasurer Only* Check # _____ Cash _____ Receipt # _____ Treasurers Initials: _____ Date: _____