PCT "A" Revised 04-03

Please type or Print Legibly **Unit #_____ Month _____ 20____**

REPORT OF NEW MEMBERS (CODE 59)

Service Code (1)	Affiliation Code (2)	Payment (3)	Name Last (4)	Name First (4)	Address (5)	Phone (6)	Birth Date (7)

REPORT OF REINSTATED MEMBERS (CODE 52)

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

REPORT OF MEMBERSHIP RENEWALS

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

REVISED 1/13/2009 NFS LA FRA