

JEFFERY L. WRIGHT
President

DANIEL WRIGHT
Treasurer

LEONARD J. POLK, JR.
Grand Exalted Ruler



THOMAS PIPKINS
Financial Secretary

CASSIUS GANTZ, SR.
Trustee Chairman

PENNSYLVANIA STATE ASSOCIATION

Improved, Benevolent and Protective Order of Elks of the World

309 Glenview Drive

Lower Burrell, PA 15068

(724) 337-8207

thomas.pipkins@comcast.net

QUARTERLY TAX REPORT FOR LODGES

DATE: _____

LODGE NAME: _____ LODGE #: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LODGE PHONE #: _____ LODGE EMAIL: _____

PLACE OF MEETING: _____

DATE OF INSTITUTION: _____ (THIS INFORMATION IS IMPERATIVE)

OF MEMBERS ON THE ROLL: JAN _____ APR _____ JUL _____ OCT _____

AMOUNT OF TAXES ENCLOSED: JAN _____ APR _____ JUL _____ OCT _____

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION LEGIBLY):

EXALTED RULER

FINANCIAL SECRETARY

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

EMAIL: _____

EMAIL: _____

PLEASE REMIT CHECKS OR MONEY ORDERS MADE PAYABLE TO THE "PA STATE ASSOCIATION." ALL TAXES ARE DUE IN THE OFFICE OF THE STATE SECRETARY BY THE 15TH OF EACH QUARTER. THE AMOUNT OF TAXES DUE ANNUALLY IS TWO DOLLARS AND FIFTY CENTS (\$2.50) PER MEMBER PER QUARTER OR TEN DOLLARS (\$10.00) PER MEMBER PER YEAR. PLEASE COMPLETE THIS FORM IN DUPLICATE, ONE COPY IS TO BE SENT TO THE OFFICE OF THE STATE SECRETARY AND ONE COPY IS TO BE RETAINED BY THE LODGE SECRETARY. AN OFFICIAL RECEIPT WILL BE SENT UPON PAYMENT OF TAXES.

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QUARTERLY TAX REPORT FOR P. E. R. COUNCILS

DATE: _____

COUNCIL NAME: _____ COUNCIL #: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNCIL PHONE #: _____ LODGE EMAIL: _____

PLACE OF MEETING: _____

DATE OF INSTITUTION: _____ (THIS INFORMATION IS IMPERATIVE)

OF MEMBERS ON THE ROLL: JAN _____ APR _____ JUL _____ OCT _____

AMOUNT OF TAXES ENCLOSED: JAN _____ APR _____ JUL _____ OCT _____

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION LEGIBLY):

CHIEF ANTLER

CHIEF SCRIBE

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

PHONE #: _____

PHONE #: _____

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