

District Dues Invoice

District 7 FFA
c/o Joshua Bluck
3367 County Rd 550
Frankfort, OH 45628

_____ Number of students in chapter

_____ District Dues Amount (\$1 X number of students in chapter)

_____ Check Number

_____ Date

School Information-Please return this portion with payment.

Advisor Name:

Chapter Name:

Street address:

Street address line 2:

City:

State: OH

Zip Code:

Phone number:

Email address:

_____ Number of students in chapter:

_____ District Dues Amount (\$1 X number of students in chapter)

For Treasurer's Use:

_____ Check Number

_____ Date Recieved

District 7 EIN: 20-5611174