

(Please Print – please return this copy)

**PA JCI SENATE**

c/o Krista Muir, #73181, Dues Administrator  
517 W. Morris Street  
Frackville, PA 17931

[kmuir.rd3@gmail.com](mailto:kmuir.rd3@gmail.com)

VENMO @Krista-Muir-2

**► DUES BILLING INVOICE ◀**

2024-2025 Dues - \$37.00 (includes PA & USJCI) \$ \_\_\_\_\_

Lifetime Membership (optional, see enclosed) \$ \_\_\_\_\_

Age\* \_\_\_\_\_ \*(your age as it will be on June 30, 2025)

PA Jaycee Charitable Foundation \$5.00 (suggested) \$ \_\_\_\_\_

Lost Senator Program ..... \$5.00 (suggested) \$ \_\_\_\_\_

PA JCI Scholarship Fund ..... \$5.00 (suggested) \$ \_\_\_\_\_

**IMAGE** Donation ..... \$5.00 (suggested) \$ \_\_\_\_\_

Operating Fund..... \$5.00 (suggested) \$ \_\_\_\_\_

**TOTAL ENCLOSED** ..... \$ \_\_\_\_\_

Please consider making a donation to one of the above areas and return form with any corrections to address.

**Checks payable to PA JCI SENATE**  
**(PLEASE remit by August 22, 2024)**

- Check if the address below is a correction from IMAGE Label
- Check here if you are a paid lifetime Member
- Check if you would like to have the IMAGE emailed to you

Name \_\_\_\_\_ Senator # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number \_\_\_\_\_ [ ] cell [ ] home

Email Address \_\_\_\_\_

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**TOTAL ENCLOSED** ..... \$ \_\_\_\_\_

Please consider making a donation to one of the above areas and return form with any corrections to address.

**Checks payable to PA JCI SENATE**  
**(PLEASE remit by August 24, 2024)**

- Check if the address below is a correction from IMAGE Label
- Check here if you are a paid lifetime Member
- Check if you would like to have the IMAGE emailed to you

Name \_\_\_\_\_ Senator # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number \_\_\_\_\_ [ ] cell [ ] home

Email Address \_\_\_\_\_