



GCFM CLUB INSURANCE RENEWAL

2025-2026

Club Name _____

Club Contact Name _____

Club Mailing Address _____

Contact Email _____

Contact Phone Number _____

Club EIN# _____

Do you have any full time or part time employee(s) _____

Annual Revenue _____

PAYMENT CALCULATION

Number of Active Members (Active describes a member who attends at least one meeting or club event/year) _____

_____ Active members X \$3.75= \$ _____ (Amount Due)

Thank you for your payment BEFORE May 15, 2025

Please make your check payable to GCFM, Inc. and mail a completed copy of this form to our Second VP:

Susie MacPherson

PO Box 8

North Marshfield, MA 02059