



## GCFM CLUB INSURANCE RENEWAL

2024-2025

Club Name \_\_\_\_\_

Club Contact Name \_\_\_\_\_

Club Mailing Address \_\_\_\_\_

Contact Email \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Club FEIN \_\_\_\_\_

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 \$3.73= \$ \_\_\_\_\_ (Amount Due)

**Thank you for your payment BEFORE June 1, 2024**

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