



MONTHLY PER CAPITA FORM  
2024/2025

LOCAL:

LOCAL #:

DATE:

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JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC 20 20 20 20 20 20 20 20 20  
20 20 20

\_\_\_\_\_ X **\$0.35** X \_\_\_\_\_ = \$ \_\_\_\_\_  
# OF MEMBERS # MONTHS TOTAL PAID

CHECK #:

DATED:

**MAKE CHECK PAYABLE TO UPRLF  
MAIL CHECK AND THIS COMPLETED FORM TO:**

UPRLF  
PO BOX 129  
MARQUETTE, MI 49855

ANY QUESTIONS? CONTACT [COORDINATOR@UPRLF.ORG](mailto:COORDINATOR@UPRLF.ORG) OR [ST@UPRLF.ORG](mailto:ST@UPRLF.ORG)