

MAST Academy
APPLICATION TO COLLECT CLUB DUES & ASSESSMENTS
2023-2025 School Year

Please complete the following information. The School Board of Miami Dade County requires that these be kept at a minimum.

DATE: _____

We, the _____ Club, request permission from the MAST Administration to collect club membership dues.

The purpose of collecting dues is: _____

Amount of dues: \$ _____

Collection period: From _____ To _____ **(FINAL DATE 12/19/24)**

Provisions for those unable to pay: _____

Club Sponsor's Name (print): _____ Room Number: _____

Club President's Name (print): _____

Signed/Approved by:

Club Sponsor Date

Club President Date

Activities Director Date

Principal or Designee Date

School Treasurer Date