



SEMI-ANNUAL REPORT (S.A.R.): MEMBER DROP/CANCELLATION ROSTER

Mark with "X"

Burial Association Name:	<input type="text"/>
Contract Funeral Home Name:	<input type="text"/>

"Old" Business:	<input type="text"/>
"New" Business: (Act 443 of 1987)	<input type="text"/>

COUNT OF MEMBERS DROPPED/CANCELLED SHOULD MATCH THE NUMBER REPORTED UNDER SECTION 5 OF THE RECAP REPORT

NO.	B.A. MEMBER NAME	B.A. CERTIFICATE NUMBER	DROP/CANCELLATION DATE	CERTIFICATE FACE AMOUNT	REASON FOR DROPPING/CANCELLING
1					
2					
3					
4					
5					
6					
7					
8					
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11					
12					
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39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
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Period Ending:



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