MAST Academy

APPLICATION TO COLLECT CLUB DUES & ASSESSMENTS

2025-2026 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 12/19/25)**

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		