MEMBER FIRST NAME	MEMBER LAST NAME	EMPLOYEE TYPE (NAF, AF)	DATE FORM SIGNED	DATE FORWARDED TO AGENCY	SANITIZED FORM TO NATIONAL	DATE ON REMITTANCE REPORT	DATE NATIONAL NOTIFIED	DATE BONUS RECEIVED	RECRUITER	DATE RECRUITER PAID
Jane	Doe	AF	6/12/2014	6/13/2014	6/13/2014	7/10/2014	7/10/2014	7/18/2014	John Smith	7/20/2014