



# INVOICE

## ASSOCIATE MEMBER DUES

4700 Lakehurst Ct., Suite 225  
 Dublin, OH 43016  
 Phone 877.279.1707 Fax 614.467.2071

DATE: JANUARY 5, 2012

**NAME:**  
**COMPANY:**  
**ADDRESS:**  
**CITY:**  
**STATE:**  
**ZIP:**

Please charge dues to my credit card:  MC  VISA  AmEx

Account #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Code: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

| DESCRIPTION                             | AMOUNT          |
|---|-----------------|
| AIHMES Associate Membership Dues – 2012 | <b>\$450.00</b> |
| <b>TOTAL DUE</b>                        | <b>\$450.00</b> |

**Thank you for supporting AIHMES!**