# MEMBERSHIP INVOICE

[Association/Bar Name]
[Address Line 1]
[City, State, Zip]

**INVOICE NUMBER**
#_____

**DATE**
[DD/MM/YYYY]

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**MEMBER INFORMATION**
**[Member Name]**
[Bar Number / ID]
[Firm Name]
[Email Address]

**MEMBERSHIP TERM**
[Start Date] to [End Date]

**STATUS**
[Tier / Class]

| Description | Quantity | Amount |
|---|---|---|
| Annual Membership Dues - [Year] | 1 | $ 0.00 |
| Section/Committee Fees: [Name] | 1 | $ 0.00 |
| Mandatory Fund Contribution | 1 | $ 0.00 |
| Voluntary Donation: [Program Name] | 1 | $ 0.00 |

Subtotal: $ 0.00
Processing Fee: $ 0.00

Total Due: $ 0.00

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**PAYMENT INSTRUCTIONS**

Please make checks payable to: **[Association Name]**

Wire Transfer / ACH: [Account Details]

Late fees may apply if payment is not received by [Due Date].