

MEMBERSHIP INVOICE

[Alumni Association Name]

[Street Address]

[City, State, Zip Code]

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Alumni Name]

[Graduation Year / Major]

[Mailing Address]

[Email Address]

MEMBERSHIP STATUS:

Annual Renewal

Lifetime Membership

New Member

Description	Period	Amount
Alumni Association Annual Dues	20__ - 20__	\$ 0.00
Scholarship Fund Donation (Optional)	-	\$ 0.00
Processing/Admin Fees	-	\$ 0.00
TOTAL DUE		\$ 0.00

PAYMENT INSTRUCTIONS:

Please make checks payable to: **[Organization Name]**
To pay online, visit: **[Website URL]**
Reference Invoice # on all payments.

Thank you for your continued support of our alumni community and current students.