



Invoice

INVOICE NO: **0309**

Reply by **1/31/2012**

Make Checks Payable to:

South Brevard SHRM, Inc.
P. O. Box 966
Melbourne, FL 32902

Tax ID 26-1288738
www.sbshrm.org

Membership Period **1/1/2012 to 12/31/2012**

Membership Type **Individual**

Invoice Type **Professional SHRM**
 Registered Guest
 Sponsor
 Vendor

Update your member profile at www.SBSHRM.org - Membership Center – My Profile

Please Print

First Name _____ Last Name _____

Prefix Mr.
 Ms.

Certification PHR
 SPHR
 GPHR
 Other _____

Contact Phone _____

Contact Email _____ Company Name _____

| DESCRIPTION | AMOUNT | INCLUDED |
|---|--------|----------|
| Professional Membership Fee | 25.00 | |
| Prepaid Meetings (individual cost = \$220.00) | 200.00 | |
| Registered Guest | 30.00 | |
| Monthly Meeting Sponsor | 250.00 | |
| Website Sponsor | | |
| Newsletter Sponsor | | |
| Vendor Yellow Pages | | |
| Total Included | | |