



Mid South Medical Group Management Association

Invoice for 2017 dues  
Corporate Membership

# Invoice

**Customer**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_

**Misc**

Date \_\_\_\_\_  
 Order No. \_\_\_\_\_  
 Rep \_\_\_\_\_  
 FOB \_\_\_\_\_

Qty	Description	Unit Price	TOTAL
	Regular Active Memberships \$350; Affiliate Memberships \$400 Discounted Corporate Rate		\$ -
<b>TOTAL</b>			

**Payment**

**Check**

MSMGMA Corporate Membership:  
 Send Check to: ATTN Betty Lee  
 Address: 1067 Cresthaven Rd  
 City, State, Zip Memphis, TN 38119

Members	Active Dues	Affiliate Dues
0-3	\$ 350	\$ 400
4-9	\$ 325	\$ 370
10-19	\$ 300	\$ 340
20-30	\$ 275	\$ 310