INVOICE

DATE:

FOR: **Annual Regular Membership Dues**

DESCRIPTION	AMOUNT
Associate Annual Membership Dues for Year 2019	**$ 1,000.00**
Comments:	
TOTAL	**$ 1,000.00**

Make all checks payable to: **Helicopter Safety Advisory Conference**

Mail to:

Helicopter Safety Advisory Conference
P.O. Box 53777
Lafayette, LA 70505

If you have any questions concerning this invoice, please contact:
Don Robson, HSAC Treasurer
337-781-8110
don.robson@bristowgroup.com

THANK YOU FOR YOUR CONTINUED SUPPORT!
www.hsac.org