# INVOICE

**DATE:**

**FOR:** **Annual Associate Membership Dues**

| DESCRIPTION | AMOUNT |
|---|---|
| **Associate Annual Membership Dues for Year 2021** | **$ 250.00** |
| Comments: | |
| **TOTAL** | **$ 250.00** |

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
drobson@westwindhelicopters.com or donrobson@aol.com

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