



# INVOICE

DATE:

FOR: **Annual Associate  
Membership Dues**

DESCRIPTION	AMOUNT
Associate Annual Membership Dues for Year  Comments:	\$ 250.00
<b>TOTAL</b>	<b>\$ 250.00</b>

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](mailto:don.robson@bristowgroup.com)

**THANK YOU FOR YOUR CONTINUED SUPPORT!**  
[www.hsac.org](http://www.hsac.org)