

**BIG COUNTRY EMS PROVIDERS ORGANIZATION**

**INVOICE 2007 ANNUAL DUES**

**Please make your check payable to: Big Country RAC  
3301 N. 3<sup>rd</sup> Street, Suite 123  
Abilene, TX 79603**

**Amount: \$25.00**

**Description of Service: Annual Membership Dues**

**Due Date: On or before September 1, 2007  
No later than December 1, 2007**

**Name of Service:** \_\_\_\_\_

**Address of Service:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Correct Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

\*Please enclose a copy of this invoice with your payment. Thank you.