

**BIG COUNTRY EMS PROVIDERS ORGANIZATION
INVOICE ANNUAL DUES**

**Please make your check payable to: BCEMSPO
Mail to: Stephanie Walker
PO Box 489
Breckenridge, Texas 76424**

Amount: \$25.00

**Description of Service: Annual Membership Dues
Due Date: On or before September 1, 2017
No later than December 1, 2017**

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.