

# Membership Dues Statement

Statement Date: \_\_\_\_\_

**Member Name:**

**Membership ID:**

**Period Covered:**

## Dues Breakdown

Description	Amount
Annual Membership Fee	\$_____
Chapter Fee (if applicable)	\$_____
Other	\$_____

Subtotal \$\_\_\_\_\_

Discounts - \$\_\_\_\_\_

Total Due \$\_\_\_\_\_

**Payment Instructions:**

**Contact Information:**