



2010 Dues Invoice

Organization Name: _____

Date: _____

Member Name: _____

Email Address: _____

Additional Person: _____

Email Address: _____

Additional Person: _____

Email Address: _____

Additional Person: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Fax # _____

<u>Qty</u>	<u>Description</u>	<u>Total</u>
_____	Government Members (\$50 first person)	_____
_____	Associate Government Member (\$25 each additional person)	_____
_____	Affiliate Members (\$100 first person)	_____
_____	Additional Affiliate Members (\$50 each additional person)	_____
	Total	\$ _____

- Please make check payable to “Colorado PRIMA.”
- **Mail this invoice with your check.** The registration information that you enter above is used to update our membership records.
- It is very important to include your email address because meeting announcements and other Colorado PRIMA news is distributed via email.

Please mail payment and invoice to:

Colorado PRIMA
C/O Kathy Kvasnicka
Risk Manager
City of Northglenn
PO Box 330061
11701 Community Center Drive
Northglenn, Colorado 80233
kkvasnicka@northglenn.org
Fax (303) 280-7878