



2011 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 # _____

Qty	Description	Total
_____	Government Members (\$75 first person)	_____
_____	Associate Government Member (\$50 each additional person)	_____
_____	Affiliate Members (\$125 first person)	_____
_____	Additional Affiliate Members (\$75 each additional person)	_____
	<i>Total</i>	\$ _____

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

Please mail payment and invoice to:

Colorado PRIMA
 C/O Melody West
 Assistant Director, Denver Campus Operations
 University Risk Management
 University of Colorado
 1945 North Wheeling Street, Room 364
 Campus Mail Stop F-418
 Aurora, CO 80045
 303-724-1269
melody.west@cu.edu