



INVOICE - TASA MEMBERSHIP DUES

Please print or type

Name of Service/Company: _____

County of Service/Company: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Director or Contact Person: _____

Telephone: (____) _____ Fax: (____) _____

E-Mail: _____ Web site: _____

Total Base Dues: \$200.00

Total number of licensed units: _____ X \$20.00 = _____

Total Amount Due: _____

Please remit payment to:

TASA
544 W. Main Street
Suite 131
Gallatin, TN 37066