



TENNESSEE AMBULANCE SERVICE ASSOCIATION

## INVOICE - TASA MEMBERSHIP DUES

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*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:     \$275.00

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

Total Amount Due: \_\_\_\_\_

Please remit payment to:

**TASA**  
**544 W. Main Street #131**  
**Gallatin, TN 37066**