



Federal I.D. #59-3454873

# 2021 SUBSCRIBER INVOICE

**(Company, Firm, Organization)**

Company/Firm/Organization: \_\_\_\_\_

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Business Mailing Address: \_\_\_\_\_

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City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SUBSCRIBER TYPE:

- Corporate \$200.00       Non-Profit \$50.00 [501(c)(3) & (c)(4) only]

### Additional Subscriber Representative(s)

Employee or member of company/firm/organization that has an active Corporate Subscription

- Corporate \$100.00 each     Non-Profit \$25.00 each [501(c)(3) & (c)(4) only]

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