New York Flex-Time Lawyers LLC
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CORPORATE MEMBERSHIP INVOICE

Statement Date:
Federal EIN #: 54-2131380

_____
Name and Title of Employer Contact

_____
Employer

_____
Street Address

_____
City, State, Zip Code

_____
Contact's E-mail Address

_____
Contact's Telephone

Options (Check One): Yes, we want to be eligible to attend 4 consecutive meetings of Flex-Time Lawyers LLC beginning with the first meeting attended. We will send the following # of representatives:

_____1 representative = $450
_____2 representatives = $650
_____3 representatives = $800
_____Fill in # if greater than 3 =
$250 per representative
x # of representatives
_____ unlimited representatives = $2,000

Annual Fee: $_____ check made payable to Flex-Time Lawyers LLC

Terms: Receipt given at next meeting attended.