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INDIVIDUAL MEMBERSHIP INVOICE

Statement Date:
Federal EIN #: 54-2131380

_____
Name of Member

_____
Employer

_____
Address

_____
City, State, Zip Code

_____
E-mail Address

_____
Telephone

Description:	Membership Fee 4 Consecutive Networking Group Meetings
Annual Fee:	$150.00 check made payable to Flex-Time Lawyers LLC
Terms:	Receipt given at next meeting attended.