



INVOICE

FOR: **2021 Membership Dues**

INVOICE DATE:

QTY.	DESCRIPTION	PRICE
1	Premium Package - Local Member Only	\$135.00

TOTAL AMOUNT DUE **\$135**

Membership Paid for: _____

Name: _____

National SHRM Number: _____

Address: _____

City, State, Zip: _____

Email: _____

Mail completed invoice with check to:

NRV SHRM
Attn: Membership
Post Office Box 2653
Christiansburg, VA 24068