



new river valley  
**SHRM**



# INVOICE

**FOR:** *2021 Membership Dues*

**INVOICE DATE:**

QTY.	DESCRIPTION	PRICE
1	<b>Premium Package - National SHRM Member</b>	\$125.00

**TOTAL AMOUNT DUE** \$125

**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**