

Indiana Community Health Workers Association



PO Box 7098

317-721-1181

incommunityhealth@gmail.com

Greenwood IN 46142

F: Fax Number

www.INCHWA.org

Bill To:

Phone:

Address:

Fax:

Date

Contact:

Email:

Invoice For: **Training Vendor Partner Membership**

Item #	Description	Qty	Unit Price	Discount	Price
1	Yearly INCHWA Training Vendor Partner Membership	1	\$ 2,000.00		\$ 2,000.00
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<p>Is this your first year as a vendor? <input type="checkbox"/></p> <p>If this is the first year your membership fee covers the first 3 years. At renewal membership is a yearly obligation to maintain training vendor status</p>				Invoice Subtotal	\$ 2,000.00
				Other	\$ 10.00
<p>Make all checks payable to Indiana Community Health Workers Association.</p>					
<p>Total due in 30 days.</p>				TOTAL	\$ 2,010.00

Yes

No