

**TO: 2012 Membership: Dental Administrator**

**INVOICE**

American Dental Association  
ADA ASSOCIATION  
Membership Processing Dept.  
P.O. Box 1483  
Brockton, MA 02303-1483

*Attn: Jorly  
402.476-2641*

Accounts Receivable Department  
Attn: Office Manager  
2012-13 Membership Dues

Invoice # 3564  
Invoice Date 12/30/2011  
Due Date 01/20/2012

Item	Description	Unit Price	Quantity	Amount
Service	2012-13 Annual Membership Dues	1.00	575.00	575.00
<p><b>NOTES:</b> All checks payable to: ADA ASSOCIATION Membership Processing Dept. P.O. Box 1483 Brockton, MA 02303-1483</p> <p>Thank you for your prompt payment!</p> <p>TAX ID: 04-3500847</p>				
			<b>Subtotal</b>	575.00
			<b>Total</b>	575.00
			<b>Amount Paid</b>	0.00
			<b>Balance Due</b>	\$575.00

To opt out from future faxes go to [www.deletemyfaxnumber.com](http://www.deletemyfaxnumber.com) and enter PIN# 15083 or call 877-284-7887. The recipient may make a request to the sender not to send any future faxes and that failure to comply with the request within 30 days is unlawful.

