



# RRHN Membership Invoice\*

Date: \_\_\_\_\_

For: **Membership Dues**

<b>Total:</b>	<input type="checkbox"/>	<b>One Year</b>	<b>\$75.00</b>
	<input type="checkbox"/>	<b>Two Year</b>	<b>\$135.00</b>

**Due upon receipt.**

Name: \_\_\_\_\_

Company/Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Please make checks payable to:

**CCS/RRHN**

**Mail to:**

**Council of Community Services**

**P.O. Box 598, Roanoke, VA 24004**

\*The Roanoke Regional Housing Network is a standing committee of the Council of Community Services.