



ROSE HILL
Chamber of Commerce

INVOICE

P.O. Box 375
Rose Hill, KS 67133

DATE: _____.

BUSINESS INFORMATION:

Business Name:
Contact Name:
Mailing and Physical Address:
Phone Number:
Email (Required):

DESCRIPTION	MONTHS	RATE	AMOUNT
Chamber Membership Dues	12	\$100	\$100
		TOTAL	\$100

RENEWAL DATE: _____ (Office use only)

Make all checks payable to Rose Hill Chamber of Commerce

THANK YOU FOR YOUR BUSINESS!