



# INVOICE

## PVP Coordinating Council Annual Membership Dues

Name of Organization: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Annual Membership dues-----\$25

**Total** \_\_\_\_\_

**Payment is due upon receipt**

Make Payment by Credit Card or STRIPE on website: [www.palosverdescc.org](http://www.palosverdescc.org)

***OR: Check\* may be mailed to:***

PVP Coordinating Council  
PO Box 2304  
PVP CA 90274

***Please make check payable to:***

PVP Coordinating Council

*"Please include "Membership" on the Memo line of the check*

Rev 7-22-2021

# THANK YOU!