



Invoice

NADOHE

4440 PGA Boulevard, Suite 600

Palm Beach Gardens, FL 33410

561-472-8479

561-472-8401 (fax)

To: _____

Date: _____

Membership Option:

☐ Institutional Membership☐ Individual Membership☐ Renewal: Institutional☐ Renewal: Individual

DESCRIPTION	QTY	RATE	AMOUNT
TOTAL			

Fees Schedule (*denotes Institutional Membership):

*Doctoral Extensive: \$1,250

*Doctoral Intensive: \$1,000

*Masters: \$900

*Baccalaureate: \$750

*Community College: \$500

*Special Focus/Tribal College: \$500

*Systems/Associations: \$1,250

Individual: \$250

Payment by Visa, MasterCard, or American Express

Credit Card Number:

Expiration Date: _____

Name of Card Holder: _____

Three or Four Digit Security Code:

Billing Address:

City: _____ State: _____ Zip: _____

Completed invoice and check should be mailed to the address above. If paying by Credit Card, you may process this online or fax invoice to **561-472-8401**.