

Idaho Society of Healthcare Engineers

Invoice

Vince Leedy, ISHE Treasurer
318 Snowmoody Way
Ontario, OR 97914
(541) 889-2422

DATE:

Bill To: _____

Description	Amount
ISHE Membership Dues (\$50 for Professional & Associate, \$25 for Educator/Student)	
Members Name: _____	
Total Due	

Make checks or money orders payable to ISHE and remit to the address indicated above.

