

Regular Member Dues Invoice 2020

Fund Name:		
Contact Name:		
	First Name:	Last Name:
	*	
	Title:	
Additional Contact:	First Name:	Last Name:
	Title:	
Address:		
		F
	City / State	Zip + 4
¥i	Contact 1 Phone:	Contact 1 Fax:
	Contact 2 Phone:	Contact 2 Fax:
	Contact 2 Filone.	Contact 2 Pax.
E-mail:	Contact 1 Email:	Contact 2 Email:
Website:		
	Amount Due 1/01/2020 - 12/31/2020:	
Funds with up to 499 Active Participants: \$ 500.00		
0	Funds with 500 or more Active Particip	pants: \$ 1,000.00

Please review the information above and make any necessary changes. Checks should be payable to the *Massachusetts Coalition of Taft-Hartley Trust Funds*. Please send payment and a copy of this invoice to the address below, c/o Laura-Jean Hickey, Coalition Coordinator:

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