



# Invoice

Opioid Treatment Providers of Georgia  
 c/o Nat Nwizu  
 GPA Treatment Inc.  
 4255 Chamblee-Tucker Rd  
 Doraville, GA 30340

Date: 2/10/16  
 Due no later than: 3/15/16

<b>Bill to: (please write your clinic name and address below)</b>

Description	Amount
<p><b>Annual Dues:</b></p> <p>Individual Member: \$100</p> <p>0-149 Patients: \$250.00</p> <p>150-299 Patients: \$500.00</p> <p>300-499 Patients: \$1,000.00</p> <p>&gt;500 Patients: \$1,500.00</p> <p>Corporate Member: \$3,000.00</p>	<p><input type="radio"/> \$100</p> <p><input type="radio"/> \$250</p> <p><input type="radio"/> \$500</p> <p><input type="radio"/> \$1,000</p> <p><input type="radio"/> \$1,500</p> <p><input type="radio"/> \$3,000</p>
	<b>Total:</b>