

DUES INVOICE



Cinosam Club
 PO Box 2851
 Baxter, MN 56425

Date: _____

Cinosam Resident
 Cinosam Club
 Brainerd, MN 56401

Item Description	Quantity	Cost/Item	Amount
Membership Dues for _____ through _____		\$ 100.00	
Boat Slip Fees for year _____		\$ 500.00	
Boat Start up Fee		\$ 315.00	
Total Due			\$ -

Detach and return the bottom portion of this invoice upon payment.

Enter Name: _____

Enter Cinosam Address: _____

Phone # _____

Enter Permanent Address: _____

Email Address: _____

Amount Due \$ _____

Amount Paid \$ _____

Please Remit payment to:

Cinosam Club
 P.O. Box 2851
 Baxter, MN 56425