SOAR
Southern Ohio Association of Realtors®

Invoice

Company Name:_____ Contact:_____

Address:_____

City: _____ State:_____ Zip:_____

Phone:_____ Fax:_____

DATE	TYPE	INVOICE #	DESCRIPTION	AMOUNT	PAYMENT	BALANCE
04/06			**Affiliate Dues**	**$125.00**		**$125.00**
					Total	**$125.00**

Southern Ohio Association of Realtors
3848 McMann Road
Cincinnati, Ohio 45245
513 528-2657