



P.O. Box 948
West Plains, MO 65775

800-793-0010 • Fax 866-299-3303
membership@airmedcarenetwork.com

Invoice

City of Blue Ridge, GA
480 W 1st Street
Blue Ridge, GA 30513

For: AMCN Membership
Invoice #: 9236-06012021
Tuesday, June 01, 2021

Quantity	Type	Dates	Amount
1	Municipal Site Membership	8/11/2021 – 8/11/2022	\$4,680.00
		Total Amount	\$4,680.00

Please make all checks payable to Air Med Care Network.

FedEx Code: 4804-1874-3
Mail to: 1800 Air Medical Drive, Suite 1
West Plains, MO 65775
 -OR-
Send by regular mail
Mail to: PO Box 948
West Plains, MO 65775

If you have any questions concerning this invoice, please contact
Jennifer Gallamore at 417-257-1697 or email Jennifer.Gallamore@gmr.net

