



P.O. Box 948  
West Plains, MO 65775

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

# Invoice

East Daviess Water Association  
9210 State Route 144  
Knottsville, KY 42366

For: AMCN Membership  
Invoice #: 17822-08192022  
Friday, August 19, 2022

Quantity	Type	Price Per Unit	Names and Dates	Amount
12	Census Slots	\$65.00	East Daviess Water Association 11/19/2022-11/19/2023	\$780.00
		<b>Total Amount</b>		<b>\$780.00</b>

**Credit Card Information:**

Visa

Cardholder Name:

Mastercard

Credit Card #:

American Express

Discover

Exp Date: \_\_\_ / \_\_\_ Authorization Code: \_\_\_ \_\_\_ \_\_\_

Other

Please make all checks payable to Air Med Care Network  
Mail to: PO Box 948 West Plains, MO 65775

If you have any questions concerning this invoice, please contact  
Baily Brockelbank at 417-255-8551 or email baily.brockelbank@gmr.net



Firstname	Lastname	DOB	Physical and Mailing	City	State
Jason	Bell	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Mary	Edge	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Wayne	Estes	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Thomas	Fulkerson	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
William	Haynes	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Agnes	Johnson	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Elaine	Lanham	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Ethan	Maxey	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Adam	Mills	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Jason	O'Bryan	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Ashtyn	Gray	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Henry	Shouse	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]