



THE EVERETT J. WARING / JUANITA JACKSON MITCHELL LAW SOCIETY OF HOWARD COUNTY
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Financial Assessment Invoice

INVOICE DATE: _____

NAME: _____

FIRM/ORG.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

DESCRIPTION	AMOUNT	AMOUNT ENCLOSED
Dues	\$ 35.00	

Suggestions or comments: _____

Please remit this invoice and payment. Make checks payable and mail to:
**THE EVERETT J. WARING - JUANITA JACKSON MITCHELL
LAW SOCIETY
P.O. BOX 1638
ELLICOTT CITY MD 21041-1638**

DATE: _____

SIGNATURE: _____