

# Invoice

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**SOSSA**  
*Southern Ontario Secondary  
School Association*

Make Cheques  
Payable to:  
**SOSSA**

Mail to:  
**SOSSA**  
C/o Bob Krouse  
744 Winston Road  
Grimsby, ON  
L3M 4E8

**Instructions:**

Line 1—School Name(s) - enter the name of the school or schools covered by this invoice.

Line 2—Basic Association Fee: \$300.

Line 3—Full Time Enrolment (FTE) Fee. Multiply the schools full time enrolment by \$0.50. Enter the amount here.

Line 4—Assesment: Schools with enrolment 200 or greater enter \$125. Schools with enrolment under 200 enter \$65.

<b>1</b>	School Name(s)	
<b>2</b>	Basic Association Fee	\$300.00
<b>3</b>	Full Time Enrolment Fee	
<b>4</b>	Assesment Fee	
<b>5</b>	<b>Total</b>	