



**AMERICAN DERMATOLOGICAL ASSOCIATION**  
**2013 Annual Dues Statement**  
**January 1 – December 31, 2013**

**2013 Annual Dues**

Member dues	___ \$325.00 (USD)
Voluntary Contribution to A.D.A.R.E.	___ \$ 50.00 (USD)
	___ \$100.00 (USD)
	___ \$250.00 (USD)
	___ \$_____(USD)
<b>Total</b>	<b>\$_____(USD)</b>

Dues paid to the American Dermatological Association are not deductible as a charitable contribution but may be deductible as a business expense related to your practice. Please consult your tax advisor for further information. A.D.A.R.E. is a 501(c)(3) organization and tax deductible voluntary charitable contributions unrelated to your dues may be made to the organization by checking the appropriate box and designating the amount of your contribution.

**This section must be completed**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Postal code \_\_\_\_\_ Country \_\_\_\_\_  
Office phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

In order to properly credit your dues payment, please return this statement with your remittance. Payable in US currency by bank check, money order Visa or Mastercard.

**To prevent disruption in membership services, kindly remit your dues payment by March 30, 2013.**

**ADA Tax I. D.: 13-6158870**

**Mail to:**

American Dermatological Association  
P.O. Box 551301  
Davie, FL 33355

**Indicate method of payment below:**

Check enclosed payable to: American Dermatological Association  
 Credit card – check one ->  Visa  MasterCard

**Please print card number clearly:** \_\_\_\_\_

**Expiration date (MM/YY):** \_\_\_\_\_

**Cardholder's billing address (MUST INCLUDE STREET ADDRESS, CITY, STATE AND ZIP):**

\_\_\_\_\_

**Cardholder's signature (MUST INCLUDE):** \_\_\_\_\_

If payment is made by credit card, you can fax invoice to: 954-617-1300.