



## Florida Society of Nephrology 2012 Annual Membership Dues Notice

Membership dues may be returned to the FSN office at the address listed in the box on the right.

**FLORIDA SOCIETY OF NEPHROLOGY**  
**218 E. BEARSS AVE # 410**  
**Tampa, FL 33613**  
 Website: [www.fsnonline.info](http://www.fsnonline.info)  
 Office: 813-909-0450  
 FAX: 813-949-8994  
 Fraser Cobbe, Executive Director  
 Email: [fsn@cobbmanagement.com](mailto:fsn@cobbmanagement.com)

**Dues Amount Owed:**

Active Members (MDs or DOs): \$150  
 Fellows in Training: Free  
 Associate Members (PAs or ARNPs): \$100

**TOTAL DUES ENCLOSED:** \_\_\_\_\_

\_\_\_\_\_ *Membership status (office use)*

<b>Database Information:</b>	
<i>Member Name:</i>	
<i>Main Practice Name</i>	
<i>Main Office Address:</i>	
<i>E-Mail Address:</i>	
<i>Main Office Telephone:</i>	
<i>Main Office Fax:</i>	
<i>Office Administrator</i>	

**COMMUNICATIONS CONSENT FORM** I understand that by confirming my mailing address, e-mail address, telephone number, and fax number above, I consent to receive communications via regular mail, e-mail, telephone, and/or fax sent to that address/number above, on behalf of the Florida Society of Nephrology.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**Payment Information:** Enclosed is my check payable to the "Florida Society of Nephrology"

I hereby authorize the following amount to be charged to my credit card. Amount: \_\_\_\_\_

Card #: \_\_\_\_\_ (Visa, Mastercard) Expiration Date: \_\_\_\_\_

Security Code (last 3 digits on back of VISA or M/C): \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

**Please Note that the Revenue Reconciliation Act of 1993 states that association dues used for lobbying activities are not deductible as a business expense. As a result 5% of FSN membership dues cannot be deducted as a business expense for federal income tax purposes.**