



FLORIDA SOCIETY OF NEPHROLOGY

2008 ANNUAL MEMBERSHIP DUES NOTICE

FLORIDA SOCIETY OF NEPHROLOGY
218 E. BEARSS AVE # 410
Tampa, FL 33613
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Fraser Cobbe, Executive Director
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Membership dues can be paid online via www.fsnonline.info
Dues may be mailed to the FSN office at the address listed in the box on the right or by faxing your credit card information.

Dues Amount Owed: \$150.00

TOTAL DUES ENCLOSED: _____

_____ *Membership status (office use only)*

Database Information: (Please verify that this information is current.)

<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 please find my check for \$150.00 made payable to the "Florida Society of Nephrology" or

I hereby authorize the following amount to be charged to my credit card. Amount: \$ 150.00

Card #: _____ Expiration Date: _____

(Visa, MasterCard, AMEX, Discover)

Security Code or CIN Number (last 3 digits on back of VISA, DSC or M/C, 4 digits on front of AMEX): _____

Name as it appears on card: _____

Date: _____ Signature: _____

If paying by credit card, please fax or mail back. If paying by check, please send via US mail.