

FLORIDA SOCIETY OF NEPHROLOGY

ANNUAL CORPORATE MEMBERSHIP PROGRAM APPLICATION

EMPLOYER ID NUMBER: 59-3065556

Company Name: _____

Contact Person: _____

Address: _____

City: _____ State FL Zip _____

Telephone: _____ e-mail: _____

Fax: _____ Cell: _____

Please identify your level of support below:

- | | | |
|--------------------------|---------------------|----------|
| <input type="checkbox"/> | Emerald Membership | \$30,000 |
| <input type="checkbox"/> | Platinum Membership | \$20,000 |
| <input type="checkbox"/> | Gold Membership | \$15,000 |
| <input type="checkbox"/> | Silver Membership | \$10,000 |
| <input type="checkbox"/> | Bronze Membership | \$ 5,000 |
| <input type="checkbox"/> | Exhibitor | \$1,800 |