



AMERICAN DERMATOLOGICAL ASSOCIATION
2016 Annual Dues Statement
January 1 – December 31, 2016

2015 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)
Total	\$ _____ (USD)

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, 2016.

ADATaxl. 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: 954-252-2093.