



DUES INVOICE

Check One:

___ **2009 SUSTAINING MEMBER.....\$400.00**
(Receive prominent recognition)

___ **2009 STANDARD LEVEL (Before January 31, 2008).....\$235.00**

___ **2009 STANDARD LEVEL (After January 31, 2008 \$250.00**

Please complete this form and return it with your check.
DON'T FORGET TO INCLUDE YOUR EMAIL ADDRESS.

PLEASE PRINT CLEARLY

NAME _____

NAME OF PRACTICE _____

OFFICE ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

SPOUSE _____

PHONE NUMBER (Include area code) (_____) _____

FAX (Include area code) (_____) _____

EMAIL ADDRESS _____

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