



2015 Affiliate Membership Application & Dues Invoice

Membership dues shall be returned to the IGFS office at the address listed in the box below.

Affiliate Membership Dues:

Nurses, Program Coordinators,
and other Interested Healthcare Professionals

Affiliate Members: **\$150**

TOTAL DUES ENCLOSED: _____

IGFS, Inc.
1215 E Robinson Street
Orlando, FL 32801
Office: 813-909-0450
FAX: 813-949-8994
Email: igfs@cobbmanagement.com

Database Information: (Please complete the information below.)

Member Name: _____
Membership Classification: _____ (*Indicate Membership Type From Options Above*)
Main Practice Name: _____
Main Office Address: _____

Main Office Telephone: _____
Main Office Fax: _____
E-Mail Address: (required) _____
Medical Specialty: _____

Payment Information:

Enclosed please find my check made payable to the "International Geriatric Fracture Society".

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

Card #: _____ Expiration Date: _____
(Visa or Mastercard or AMEX)

Security Code: _____ Billing Zip Code: _____

Name as it appears on card: _____

Billing Address if different from above: _____

Credit Card payments may be faxed to: 813-949-8994 or scanned and emailed to: igfs@cobbmanagement.com.

Please Note: Dues are not deductible as a charitable expense but they may be deductible as a business expense according to the IRS.

0% of your dues were used for direct lobbying expense. As a result 100% of IGFS membership dues can be deducted as a business expense