



2015 Resident / Fellows Membership Application & Dues Invoice

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

Membership Dues:

Resident / Fellows Active Members: \$50

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: _____
Hospital Name: _____
Address: _____
Main Office Telephone: _____
Main Office Fax: _____
E-Mail Address: (required) _____
Medical Specialty: _____
Residency Program: _____
Program Start Date: _____ Program End Date _____

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 that the Revenue Reconciliation Act of 1993 states that association dues used for lobbying activities are not deductible as a business expense. The IGFS does not utilize any association dues for lobbying activities. As a result 100% of IGFS membership dues can be deducted as a business expense for federal income tax purposes.