



Membership Application / Dues Invoice

Membership dues can be renewed online or returned to the IGFS office at the address listed below.

Physician Membership Dues: \$250

Affiliate Membership Dues: \$150

Nurses, Program Coordinators, and other
Interested Healthcare Professionals

TOTAL DUES ENCLOSED: _____

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

Database Information: (Please complete the information below.)

Member Name: _____

Membership Classification: _____

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