

**FWA DUES
INVOICE
2017**



P.O. Box 1734 · Tallahassee, FL 32302-1734 · Phone 850-562-5675 · Fax 850-562-5619 · Email lawgonz@earthlink.net

FWA DUES ARE DUE AND PAYABLE JANUARY 1, 2017

Name:	Firm Name:	
Phone:	Fax:	Email:
Address [check here ___ if recently changed]:		
<p>A. I affirm that the approximate percentage of my work comp practice devoted to representing claimants in the Workers' Compensation System in Florida is ____%. B. I affirm that the approximate percentage of my total work comp practice devoted to representing employer/carriers in the Workers' Compensation System in Florida is ____%. C. I affirm that the approximate percentage of my firm's total work comp practice devoted to representing employer/carriers in the Workers' Compensation System in Florida is ____%.</p>		
_____ Signature		_____ Date

VOLUNTARY PAC DESIGNATION

Political action is a critically important role of FWA in order to preserve, protect and improve the legislative process which impacts injured workers and Chapter 440, F.S. Accordingly, members are strongly encouraged to designate at least 25% of their dues to the FWA Political Action Committee (FWA PAC). Please indicate your voluntary PAC contribution below. Consult your accountant on tax consequences related to PAC contributions.

Please choose from the following levels of membership:

FIRM-LEVEL MEMBERSHIP

(Please list all attorneys/paralegals in your firm who are to be included in firm-level membership on a separate page together with their respective addresses.)

Firm Name:	Firm Website:
<input type="checkbox"/> Bronze \$2,500 (covers up to 5 attorneys) <input type="checkbox"/> Silver \$3,500 (covers up to 10 attorneys) <input type="checkbox"/> Gold \$5,000 (covers up to 15 attorneys) <input type="checkbox"/> Platinum \$7,500 (covers an unlimited number of attorneys over 20)	<p align="center">Amount designated for:</p> <p align="center">MEMBERSHIP PAC</p> <p align="center">\$ _____ \$ _____</p>

INDIVIDUAL-LEVEL MEMBERSHIP

<input type="checkbox"/> Sustaining Member \$650	<input type="checkbox"/> Rising Advocate \$300 (3 years or less in claimant practice)	<input type="checkbox"/> Paralegal Member \$150	<p align="center">Amount designated for:</p> <p align="center">MEMBERSHIP PAC</p> <p align="center">\$ _____ \$ _____</p>
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PAYMENT BY CHECK - Please Make Checks Payable to: Florida Workers' Advocates and mail to the address above.

<input type="checkbox"/> Firm Check	<input type="checkbox"/> Personal Check	<input type="checkbox"/> Check No. _____	<input type="checkbox"/> Amount \$ _____
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PAYMENT BY CREDIT CARD

Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	<input type="checkbox"/> Amount designated for: MEMBERSHIP PAC
	\$ _____ \$ _____
Card # _____ Expiration Date: ____/____/____ CID* or CVV** No.* _____	
	(MM/YY)
Name on Card: _____ Charge: <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	
Statement Address: _____	
City: _____ State: _____ Zip: _____	
Signature: _____ Date: _____	

* For American Express the CID No. is the 4-digit number on the front of the card to the right and above the card number.

**For Visa and MasterCard the CVV No. is the 3-digit number on the back of the card to the right of the signature.

NOTE: Membership dues payments to FWA are not deductible as a charitable contribution, but may be deductible as an ordinary and necessary business expense. However, a portion of dues is not deductible as an ordinary and necessary business expense to the extent that FWA engages in lobbying activities. The percentage of the non-deductible portion of your 2017 dues is 30%.