

**FWA DUES
INVOICE
2020**



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FWA DUES ARE DUE AND PAYABLE JANUARY 1, 2020

Name:	Firm Name:	
Phone:	Fax:	Email:
Firm Address:		
<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> <p>D. I request <input type="checkbox"/> OR I do <u>not</u> request <input type="checkbox"/> that my membership be automatically renewed annually until further notice.</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 35% 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:

A. FIRM-LEVEL MEMBERSHIP

(Listed below are the 4 levels of firm membership. If you are renewing at a firm level, please list all attorneys/paralegals in your firm who are to be included in firm membership **on a separate page** together with their respective addresses.)

Firm Name:	Firm Website:				
<input type="checkbox"/> Bronze \$2,500 (covers up to a combined total of 5 attorneys and paralegals) <input type="checkbox"/> Silver \$3,500 (covers up to a combined total of 10 attorneys and paralegals) <input type="checkbox"/> Gold \$5,000 (covers up to a combined total of 15 attorneys and paralegals) <input type="checkbox"/> Platinum \$10,000 (covers an unlimited number of attorneys and paralegals)	<p align="center">Amount designated for:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="2">MEMBERSHIP PAC</th> </tr> <tr> <td align="center">\$ _____</td> <td align="center">\$ _____</td> </tr> </table>	MEMBERSHIP PAC		\$ _____	\$ _____
MEMBERSHIP PAC					
\$ _____	\$ _____				

B. 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> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="2">MEMBERSHIP PAC</th> </tr> <tr> <td align="center">\$ _____</td> <td align="center">\$ _____</td> </tr> </table>	MEMBERSHIP PAC		\$ _____	\$ _____
MEMBERSHIP PAC							
\$ _____	\$ _____						

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 2020 dues is 38.7%.