



**AMERICAN DERMATOLOGICAL ASSOCIATION
2017 Annual Dues Statement
January 1 – December 31, 2017**

Member's Name _____

Address _____

Address _____

Office phone _____ Fax _____

E-mail _____

| | | | |
|------------------------------|-------|------------------|-----------|
| 2017 Annual Dues | | \$ | 375 |
| Voluntary ADARE Contribution | | | 25 |
| | _____ | | 50 |
| | _____ | | 100 |
| | _____ | | 250 |
| Other | _____ | | _____ |
| | | Total USD | \$ |

ADA Tax I. D.: 13-6158870

In order to properly credit your dues payment, please return this statement with your check or fax it in with your credit card payment. Payable in US currency by bank check, money order Visa or Mastercard.

To prevent disruption in membership services, kindly remit your dues payment by March 30, 2017.

Mail or Fax to:

American Dermatological Association
P.O. Box 551301
Davie, FL 33355
Fax (954) 252-2093

Indicate method of payment below:

Check enclosed payable to: American Dermatological Association

Credit card – check one -> Visa MasterCard

Please print card number clearly: _____

Expiration date (MM/YY): _____ Security Code _____

Cardholder's billing address

City _____ State _____ Postal code _____ Country _____

Cardholder's signature (MUST INCLUDE): _____

The American Dermatological Association recognizes, discusses and develops solutions for problems in the area of dermatologic health care, research and education.