

IACME

Iowa Association of County Medical Examiners

2012 Dues Statement

For staff use only

Date received _____

Dues paid by _____

Check # _____

Deposit Date _____

Name (please print): _____

Professional Title (for example, MD, DO, RN, EMT): _____

Address

Business or clinic name _____

Street or PO Box _____

City, Town and Zip Code _____

Phone: _____ Email: _____

(Your contact information will be listed in the member directory on the IACME web site, iacountyme.org)

Please list the county in which you serve: _____

Medical License Number (physicians only) _____

Please make your check payable to IACME and mail it, with your dues statement, to: IACME, PO Box 554, Altoona, IA 50009

Physicians \$100.00

Investigators \$100.00

Associates \$90.00

IMPORTANT NOTICE — IACME dues MUST be paid by March 31, 2012 to receive the member discount for the November, 2012 IACME Fall Meeting

NOTICE ON TAX DEDUCTIBILITY OF DUES

Professional dues may be deducted as a necessary business expense for federal income tax purposes, but may not be deducted as a charitable contribution.