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| |  |  | | --- | --- | | **FWA DUES**  **INVOICE**  **2020** |  |   P.O. Box 1734 ∙ Tallahassee, FL 32302-1734 ∙ Phone 850-562-9675 ∙ Fax 850-562-5619 ∙ Email [lawgonz@earthlink.net](mailto:lawgonz@earthlink.net) | | | |
| **FWA DUES ARE DUE AND PAYABLE JANUARY 1, 2020** |
| Name: Firm Name: | |
| Phone: Fax: Email: | |
| Firm Address: | |
| 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 \_\_\_\_\_%.  D. I request □ or I do not request □ that my membership be automatically renewed annually until further notice.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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.**

**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.

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| Firm Name: Firm Website: |

|  |  |
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| □ Bronze $2,500 (covers up to a combined total of 5 attorneys and paralegals)  □ Silver $3,500 (covers up to a combined total of 10 attorneys and paralegals)  □ Gold $5,000 (covers up to a combined total of 15 attorneys and paralegals)  □ Platinum $10,000 (covers an unlimited number of attorneys and paralegals) | **Amount designated for:**  **MEMBERSHIP PAC**  **$**\_\_\_\_\_\_\_\_\_\_ **$**\_\_\_\_\_\_\_\_\_ |

**B. INDIVIDUAL-LEVEL MEMBERSHIP**

|  |  |  |  |
| --- | --- | --- | --- |
| □ Sustaining Member - $650 | □ Rising Advocate - $300 (3 years or  less in claimant practice) | □ Paralegal Member - $150 | **Amount designated for:**  **MEMBERSHIP PAC**  **$**\_\_\_\_\_\_\_\_\_\_ **$**\_\_\_\_\_\_\_\_\_ |

**PAYMENT BY CHECK -** Please Make Checks Payable to: **Florida Workers’ Advocates** and mail to the address above.

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| □ Firm Check □ Personal Check □ Check No.\_\_\_\_\_\_\_\_\_\_\_ □ Amount **$**\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PAYMENT BY CREDIT CARD**

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| Credit Card: □ Visa □ MasterCard □ American Express □ **Amount designated for: MEMBERSHIP PAC**  **$**\_\_\_\_\_\_\_\_\_\_\_ **$**\_\_\_\_\_\_  Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_/\_\_\_\_\_ CID\* or CVV\*\* No.\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (MM/YY)  Name on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Charge: □ Annually □ Quarterly □ 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 50%. |

REV. 11-15-19