

**FWA DUES
INVOICE
2023**



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FWA DUES ARE DUE AND PAYABLE JANUARY 1, 2023

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

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)	TOTAL AMOUNT \$ _____

B. INDIVIDUAL-LEVEL MEMBERSHIP

<input type="checkbox"/> Sustaining Member - \$750	<input type="checkbox"/> Rising Advocate - \$300 (3 years or less in the practice of workers' comp.)	<input type="checkbox"/> Paralegal Member - \$150	TOTAL AMOUNT \$ _____
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PAYMENT BY CHECK - Please Make Checks Payable to: **Florida Workers' Advocates** and mail to the address above.

***IF YOU ARE PAYING BY CREDIT CARD, PLEASE PAY ONLINE AT: <https://www.floridaworkers.org/join-fwa/>

ALL CREDIT CARD PAYMENTS ARE SUBJECT TO A 3.5% FEE

<input type="checkbox"/> Firm Check	<input type="checkbox"/> Personal Check	<input type="checkbox"/> Check No. _____	<input type="checkbox"/> TOTAL Amount \$ _____
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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 contribute 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

TOTAL AMOUNT OF PAC CONTRIBUTION: \$ _____

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

***IF YOU ARE PAYING BY CREDIT CARD, PLEASE PAY ONLINE AT: <https://www.floridaworkers.org/product/pac/>

<input type="checkbox"/> Firm Check	<input type="checkbox"/> Personal Check	<input type="checkbox"/> Check No. _____	<input type="checkbox"/> TOTAL Amount \$ _____
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Signature: _____ Date: _____

NOTE: The percentage of the non-deductible portion of your 2023 dues is 100%. Membership dues payments to FWA are not deductible as a charitable contribution and not deductible as an ordinary and necessary business expense. Since the dues allocated to lobbying activities are 100%, they are not deductible as an ordinary and necessary business expense as FWA engages in lobbying activities.