

NRAA MEMBERSHIP RENEWAL DUES INVOICE
CORPORATE MEMBERSHIP 2008-2009 (7/1/08 – 6/30/09)

Company: _____

Address: _____

City, State, Zip: _____

CORPORATE: Any person, partnership, or corporation manufacturing, renting, or selling equipment or providing services to be used by ESRD facilities. Corporate members receive all membership rights, including serving on a committee with the exception of holding office and voting. **NRAA offers two types of corporate membership. Please indicate your choice below:**

Four Corporate Employees: \$1,000 One Individual: \$400

INDIVIDUAL OR PRIMARY CONTACT FOR FOUR-MEMBER GROUP:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____ Fax: _____

Complete for additional 3 members of 4-member group:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____ Fax: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____ Fax: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____ Fax: _____

PAYMENT INFORMATION:

Check or money order is enclosed (payable to NRAA)..... Amount: \$ _____

VISA MasterCard Amex Amount: \$ _____

Credit Card # _____ Exp. Date: _____

Name on Card _____ Signature _____

ZIP CODE from credit card billing address: _____

For federal tax purposes, NRAA membership dues may be deductible as a business expense but not as a charitable contribution. In addition, 15% of dues are not deductible due to state and federal lobbying activities as defined by the IRS.

Mail with Payment to: NRAA • 100 North 20th Street, 4th Floor, Philadelphia, PA 19103