

**NRAA MEMBERSHIP RENEWAL DUES INVOICE**  
**CORPORATE MEMBERSHIP 2007-2008 (7/1/07 - 6/30/08)**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**CORPORATE MEMBERSHIP:** Any person(s), partnership, or corporation manufacturing, renting, or selling equipment or providing services used by kidney disease treatment centers.

**NRAA offers two categories 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**  
**Credit Card Applications may be FAXED to 215.564.2175**