

Date Billed 10/26/2001	Due Date 7/1/2002	Invoice No
NOTICE 1	ACTIVE ACTIVEMEMBER	Member Number

home

Telephone Number: A01

hosp

Telephone Number: _____

Fax Number: _____

Email Address: _____

DESCRIPTION	AMOUNT BILLED	AMOUNT ENCLOSED
#ACTIVE RENEWAL DUES	\$515.00	_____
#CT CHAPTER DUES	\$150.00	_____
EMF DONATION	\$30.00	_____
*NEMPAC DONATION	\$50.00	_____
REMIT IN U.S. DOLLARS ONLY MAKE CHECKS PAYABLE TO ACEP		TOTAL ENCLOSED
		TOTAL BILLED
		\$745.00

Your renewal statement contains a great deal of valuable information. Please take a moment to review the information on the reverse side of the invoice. Please note all address and contact corrections.

Please indicate where you would like to receive the following college mailings:

	Home Addr	Hospital Addr	Business Addr	Do not send Addr
Membership Statement	<input type="checkbox"/>	<input type="checkbox"/>		
Annals of Emergency Medicine		<input type="checkbox"/>		
ACEP News	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EM Today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meetings and Publications				
Announcements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACEP dues are not deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. EMF donations are deductible as charitable contributions. Political Action Committee donations are not deductible contributions. ACEP and your chapter estimate the nondeductible portion of your dues and assessments. The percentage(s) which is allocable to lobbying is noted below the shaded area of this invoice.

***NEMPAC CONTRIBUTION**

By law, we may only use your contribution to support federal candidates if your contribution is made using a personal credit card or personal check. We are also required to provide your employer name, your occupation and to obtain an original signature of the ACEP member (this cannot be a spouse, partner, office manager, etc.)

The National Emergency Medicine Political Action Committee of ACEP encourages personal donations from members to fund contributions to candidates for federal office. Contributions are voluntary and are not required for ACEP membership. The contribution requested is only a suggested amount. ACEP will not look upon any member with favor or disfavor by reason of the amount of their contribution or their decision not to contribute. All non-personal contributions to NEMPAC will be used to pay for the educational programs of NEMPAC and other activities permissible under federal law. If applicable, please see reverse side for chapter PAC requirements.

Please renew my membership.

My Check is enclosed Please charge my Credit Card

Please apply my contribution(s) as indicated:

My Check/Credit Card is: Personal Corporate Partnership

My employer is: _____

My occupation (if not emergency physician) is _____

Signature of ACEP member: _____

Installment Payment Information

For more information on installment payments, see reverse side.

I would like to pay my dues in:

One Payment Installment Payments

Contributions to EMF, NEMPAC, Chapter PACs and Chapter Special Assessments will be processed with the first payment and not in installments.

Credit Card Information

American Express VISA MasterCard

Credit Card Number: _____

Credit Card Billing Zip Code: _____

Expiration Date: ____ / ____

Name that appears on this credit card: _____

Authorized Signature: _____

Date _____

Bank Draft Information:

Please issue drafts against my:

Savings Checking

Bank name & Branch: _____

Address: _____

City / State / Zip: _____

Electronic Transit / ABA Number: _____

Your Account Number: _____

Authorized Signature: _____

Date _____

Member Copy
Sample Notice

\$62.50 of membership dues is allocated to annual subscription to Annals of Emergency Medicine.

2002 National Dues 21%

CT Chapter Dues 33%

Please take a moment to review the following information before remitting your dues. You can make changes directly on the form when submitting your dues payment.

STATEMENT AMOUNTS

Your statement may include the following items:

- National Membership Dues – *Mandatory*
- Chapter Dues – *Mandatory*
- Section Membership Dues (if applicable) – *Optional*
- EMF Contribution – *Optional*
- NEMPAC Contribution – *Optional*
- Chapter PAC Contribution – *Optional*
- Chapter Special Assessments (if applicable) – *Optional*

National and Chapter dues are mandatory and must be paid in order to renew your membership in the College. We have provided you with the opportunity to make voluntary contributions to the National Emergency Medicine Political Action Committee (NEMPAC), the Emergency Medicine Foundation (EMF), your Chapter Political Action Committee, and Chapter Special Assessment, where applicable.

PAC CONTRIBUTION REQUIREMENTS

Make payments for national and chapter dues payable to ACEP.

Make payments for PAC contributions to candidates (federal or state) payable to ACEP. Please include a separate personal check or personal credit card information if dues are paid by corporate check or credit card.

As a result of the Omnibus Budget Reconciliation Act of 1993, a portion of membership dues will not be deductible for federal income tax purposes based on the lobbying activities that the College conducts on your behalf. ACEP's legislative efforts protect your interests by keeping legislators and government agencies informed on the issues affecting your practice. The percentage that ACEP National has estimated is noted on your statement. Additionally, the percentage estimated by your chapter is noted for you. These percentages apply to the current calendar year, based on the date of this statement. If your statement has the symbol ** by your chapter dues, your chapter will notify you of the nondeductible amount of your chapter dues when they acknowledge your payment. You may wish to contact your tax advisor if you have specific questions about deductibility.

In order to apply your contribution to federal or state candidates, your contribution must be made via personal credit card or check. The original signature of the member, the member's occupation and employer are required. Contributions are voluntary and not required for ACEP membership. The contribution shown is only a suggested amount. Please see below for requirements specific to your state.

- | | |
|------------------|---|
| Illinois: | The IPAC report is available for purchase from the State Board of Elections, Springfield, Illinois. |
| Maryland: | PAC contributions over \$100 must be made by personal check (credit cards cannot be accepted). |
| Ohio: | PAC contributions must be personal. Corporate payments will be refunded or returned. |
| Texas: | PAC contributions must be personal. Corporate payments will be refunded or returned. |

CREDIT CARD PAYMENTS

For your convenience, you can use your American Express, MasterCard, or Visa for your dues payment. To take advantage of this option, please complete the form printed to the right of the dues column. Be sure to provide the complete information on your card and remember to print and sign your name exactly as it appears on your card.

INSTALLMENT PAYMENTS (by Credit Card or ACH Draft)

Our newly revised member database allows us to provide you with the option of paying your dues on an installment plan. Your statement indicates your required dues for both national and chapter levels of membership. If you opt for the ACEP dues installment plan, your national and chapter dues will be totaled separately from other items on your statement and divided into four equal payments that will be charged quarterly to your Visa, MasterCard, or American Express card. Instead of one large payment, you will be charged for four smaller payments. The first installment will be processed two weeks prior to your anniversary. If you prefer, as an option, we will process ACH drafts against your checking or savings accounts.

Due to documentation requirements and fiscal year variances, we are unable to include donations and contributions as part of your installment. The full amount of your contributions will be charged against your account with your first payment.

CONTACT INFORMATION

On the left side of the statement we have listed all the contact information you have provided to us. Please take this opportunity to change or add information.

MAIL PREFERENCES

On the upper right side of the invoice you can select where you would like your ACEP materials mailed.

QUESTIONS

Should you have any questions about any of this information, please don't hesitate to contact the Member Services Department by phone at 800-798-1822, touch 5, or by e-mail at membership@acep.org.

We would like to thank you in advance for renewing your alliance with ACEP. Your continued support is greatly appreciated.