

IMPROVEMENT INVOLVES CHANGE !!!!

In order to streamline the accounting process and reduce cost to your organization, FSOMA is moving to a yearly billing process. Effective January 2010, everyone will be billed in January for the year, and new members will pay based on a prorated system, as seen below.

Renewing members will all share the same Anniversary date of January 1 of each year.

If you are renewing, use the Renewal Form.

If you are joining FSOMA as a new member, use this chart to determine the fee for you to join.

It is based on the month you are currently in. Enter the appropriate amount in the "Total Amount" line on the other side of this form, and check the box in the category of membership you qualify for.

Note that in order to be eligible for voting privileges, in the annual election of officers held each fall, you must be fully set up as a member, with all financial and paperwork aspects completed, by September 1 of each year. Memberships processed after that date cannot participate in the election of Officers for the Association.

Memberships initiated at the end of the year will actually be signing up for those last two months AND the following full year – see this in the chart.

There will be no change in the payment for Students (\$25) or General Members (\$50) to join, and their renewal Anniversary will become January 1 of each year, just like all other categories.

<u>MONTHS</u> <u>2009</u>	<u>AP</u>	<u>AHP</u>	<u>FYP</u>	<u>BUS</u> <u>MEM</u>
JANUARY	\$ 260	\$ 200	\$ 130	\$ 500
FEBRUARY	\$ 238	\$ 183	\$ 119	\$ 458
MARCH	\$ 217	\$ 167	\$ 108	\$ 417
APRIL	\$ 195	\$ 150	\$ 97	\$ 375
MAY	\$ 173	\$ 133	\$ 87	\$ 333
JUNE	\$ 152	\$ 117	\$ 76	\$ 292
JULY	\$ 130	\$ 100	\$ 65	\$ 250
AUGUST	\$ 108	\$ 83	\$ 54	\$ 208
SEPTEMBER	\$ 87	\$ 67	\$ 43	\$ 167
OCTOBER	\$ 65	\$ 50	\$ 32	\$ 125
NOVEMBER 14 month membership	\$ 303	\$ 233	\$ 152	\$ 583
DECEMBER 13 month membership	\$ 282	\$ 217	\$ 141	\$ 542

The FSOMA Board and FSOMA Office thank you for your cooperation in this process.

FLORIDA STATE ORIENTAL MEDICAL ASSOCIATION

Initial Membership into FSOMA is done on a prorated basis (*except for 'General' or 'Student' categories). Please consult the chart provided on the opposite side for the exact amount. The amount is based on the month you join, and fees are only prorated the first (initial) year. All members then renew with an Anniversary date of January 1 each year.

Primary Memberships please check	Supporting Memberships please check
<p style="text-align: center;">_____ Acupuncture Physician \$260/yr prorated</p> <p>State of Florida Licensed Acupuncture Physician.</p>	<p style="text-align: center;">_____ Allied Health Professional \$200/yr prorated</p> <p>For non-Acupuncturists, licensed in another Health profession.</p> <p>My profession is: _____</p>
<p style="text-align: center;">_____ First Year Practitioner \$130/yr prorated</p> <p>State of Florida Licensed Acupuncture Physician, and have practiced for less than one year.</p>	<p style="text-align: center;">_____ Business Member \$500/yr prorated</p> <p>For Schools and Businesses that would like to support the profession of Acupuncture. There are specific benefits for Business members, including discounts. Specific Business member benefits are outlined on the FSOMA website.</p>
<p style="text-align: center;">_____ Student of Oriental Med. \$25 * not prorated</p> <p>Student currently enrolled in a recognized School of Acupuncture or Oriental Medicine. Name of School: _____</p>	<p style="text-align: center;">_____ General Member \$50 * not prorated</p> <p>This category is for those that do not qualify for any other category of membership, but would like to support the profession of Acupuncture.</p>

<p>Name: _____ License # _____ County: _____</p> <p>Mailing Address: _____ City: _____ Zip: _____</p> <p>Business Phone: _____ Home Phone: _____</p> <p>E-Mail Address: _____</p> <p>Fax: _____</p>

Were you recruited by a FSOMA member? Yes _____ No _____ If Yes, by whom? _____

I would like to contribute an additional \$100 _____ \$50 _____ \$25 _____ \$ _____ to the **Forward Fund**.
(FSOMA membership not required for contribution to the Forward Fund)

Total Amount _____ Check _____ (Payable to FSOMA) Visa _____ MasterCard _____

Credit Card # _____ Expiration Date _____

Name on the Card _____ Signature _____

Contributions to FSOMA are not deductible as charitable contributions for Federal Income Tax purposes. However, dues payments may be deductible as "ordinary and necessary" business expenses subject to restrictions imposed as a result of lobbying activities. The FSOMA estimates that the amount that may NOT be deducted based on allocation to lobbying is 24%.

Mail Application to: P.O. Box 331097, Atlantic Beach, FL 32233-1097 1-800-578-4865 Fax 904-221-7531

Scan/Email to: Director@fsoma.com