

IACME

Iowa Association of County Medical Examiners

Dues Statement

Contact information will be listed in the member section of the IACME web site, iacountyme.org

Date _____

Name (please print): _____

Professional Title (for example, MD, DO, MEI, EMT): _____

Business or clinic name _____

Street or PO Box _____

City, Town and Zip Code _____

Phone: _____ Email*: _____

****Some office computer systems filter group emails. Because email is the primary means of communicating with IACME members, consider providing an alternative email address***

Do you have a formal appointment as an ME or MEI? _____

In which county or counties do you serve? _____

Medical License Number (physicians only) _____

Please make your check payable to IACME and mail it, with your dues statement, to: IACME, PO Box 274, Boone, IA 50036

_____ Physicians \$100 _____ Investigators \$100 _____ Associates \$90

Notice on tax deductibility of dues: Professional dues may be deducted as a necessary business expense for federal income tax purposes, but may not be deducted as a charitable contribution.

FOR STAFF USE ONLY

Date received _____ Dues paid by _____ Check number _____