

IACME

Iowa Association of County Medical Examiners

2020 Member-get-a-Member Dues Statement

When an IACME member recruits someone who has never belonged to IACME, both get a 50 percent discount

Date _____

Member's name _____ Professional Title _____

Business/clinic name _____

Street or PO Box _____ City, Town, Zip Code _____

Phone: _____ Email: _____

Do you have a formal appointment as an ME/MEI? _____ Which counties? _____

Medical license number (physicians only) _____

New Member's name _____ Professional Title _____

Business/clinic name _____

Street or PO Box _____ City, Town, Zip Code _____

Phone: _____ Email: _____

Do you have a formal appointment as an ME/MEI? _____ Which counties? _____

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

_____ Two MEs or MEIs \$100 _____ One ME or MEI and one associate \$95 _____ Two 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.

Staff use only

Date received _____ Dues paid by _____ Check number _____