



# Texas Society of Oral and Maxillofacial Surgeons 2018 Annual Dues Statement

## Your 2018 Annual Dues Due January 15, 2018

**\*\* Late Fees in the amount of \$100.00 /month will be assessed if payment is not received by January 15, 2018. Please note that late fees apply to any portion of unpaid dues/mandatory advocacy fee. \*\***

..... please detach lower portion and submit with payment (fold and tear) .....

- **2017 Annual Dues \$450.00**
- **2017 Mandatory Advocacy Fee \$200.00**  
*\*\*unless specifically designated below, personal, PA or PC payments will be applied to the TOMSPAC Account\*\**

**Personal Designation:**

TOMSPAC Account – HARD FUNDS:                   \$ \_\_\_\_\_  
*(personal, PA or PC payments can be used for contributions)*

--OR--

ADMINISTRATIVE Account – SOFT FUNDS:    \$ \_\_\_\_\_

**Total 2018 Dues /Advocacy Fee:    \$650.00**

\*\*\$100 of the Annual Dues as well as the Mandatory Advocacy Fee of \$200 allocated towards political contributions and/or lobbyist expenses and therefore are not deductible on your tax return per the Internal Revenue Service.

**Member Name:** \_\_\_\_\_

**\*\*please utilize the attached form to update your membership information \*\***

**CREDIT CARD PAYMENT:** Amount: \$ \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_    CVV Code: \_\_\_\_\_    Billing Zip Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail Payments to:  
**TSOMS**  
4499 Medical Drive  
Suite #190  
San Antonio, Texas 78229

**Credit Card Payments can be faxed to our private facsimile number 210-614-5234**



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## **MEMBERSHIP UPDATE**

**Member Name:** \_\_\_\_\_

**Practice Name:** \_\_\_\_\_

**Preferred Address: Office:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office Phone #:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

***Other Partners/Associates in Practice:*** \_\_\_\_\_  
\_\_\_\_\_  
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