

**Florida PlastiPac, Inc.**

904-693-1799 Fax 904-786-9939

Return this entire page with your dues to:

P. O. Box 7040, Jacksonville, FL 32238

**Membership Application  
and  
Invoice for 2008 Dues**

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Be sure to include your check to cover dues.** Credit card users - see below

Personal checks in any amount may be used for any activity of PlastiPac.

Checks drawn on corporations (P.A.'s) are restricted for use for activities within the state of Florida.

Contributions of more than \$500 from any one entity in any one year will be earmarked for administrative purposes.

2008 Membership Dues ..... \$150.00

Additional Contribution ..... \$ \_\_\_\_\_

TOTAL Enclosed ..... \$ \_\_\_\_\_

I am a plastic surgeon practicing in Florida and hereby apply for 2008 membership in Florida PlastiPac, Inc. My dues are enclosed as indicated above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Payment Method:  Cash  Check  MasterCard  Visa  American Express

Card # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ CW2 Code \_\_\_\_\_  
(Please print clearly) (Mo./Yr.) (3/4 digit Security/Verification Code)

Name on Card \_\_\_\_\_ Billing ZIP Code \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Cardholder acknowledges receipt of services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

**For PlastiPac Office Use:**

Date Received: \_\_\_\_\_ Cash \$ \_\_\_\_\_

Personal check # \_\_\_\_\_ \$ \_\_\_\_\_

P.A. check # \_\_\_\_\_ \$ \_\_\_\_\_

Posted: \_\_\_\_\_