**The Irish and American Paediatric Society, Inc.**

**2022 Dues Statement**

**Annual Dues (Jan-Dec) $100.00 (After September, $125.00)**

**Member Name:**

 **Degree(s**)

**Contact information:**

**Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_home/office**

 **City State Country Zip code**

 **Phone Fax**

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_personal/office

**Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Annual Dues……………………………………………………………... $\_\_\_\_\_\_\_\_\_\_\_**

**Foundation Contribution ………………………………………………... $\_\_\_\_\_\_\_\_\_\_\_**

*The Foundation supports the Arlean and Len Fries Travel Awards for residents, registrars and fellows (contributions are tax deductible; see reverse side). Please contribute $25.00 or more—if possible---to help fund the travel award program and its pediatric education goals. Your past support has been extremely generous and very much appreciated. Thank you.*

**TOTAL……………………………………………………………………** $\_\_\_\_\_\_ \_\_\_

 **Make checks payable to: The Irish and American Paediatric Society**

**Mail check to:**

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