

2025
DUES STATEMENT



To: _____
Physician's Name

Email address (please print legibly)

Annual Dues: \$200.00
January 1, 2025 - December 31, 2025

Dues exempt: Residents and Members over 67 who are fully retired and have been a member for three consecutive years.

PLEASE MAKE CHECK PAYABLE TO:
Connecticut Urology Society

Check Enclosed

Credit Card Payment

___ Visa ___ Mastercard ___ American Express

___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ /
(16 digit card number)

___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___ / ___
*3 digit # MC/Visa (Expiration date) *4 digit # American Express

Card Holders' Name

Billing Zip Code

Please return yellow copy of this statement with your payment.

Send payment to:
Connecticut Urology Society, P.O. Box 854, Litchfield, CT 06759

If you have any questions, please feel free to contact Debbie Osborn
at 860-567-3787 or email debbiosborn36@yahoo.com

Thank you.

www.cturology.org