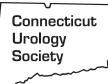
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2019 DUES STATEMENT



Name	Email address (please print legibly
	nual Dues: \$200.00 , 2019 - December 31, 2019
*	sidents and Members over 67 who are fully a member for three consecutive years.
******	**********
PLEASE MA	AKE CHECK PAYABLE TO:
Conn	ecticut Urology Society
*******	*********
fill out the informa	take a moment and ation below and fax back to our office. Fax: 860-567-3591
Please send a membership ap	oplication to:

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 debbieosborn36@yahoo.com.

Thank you.