



www.cturology.org

DUES STATEMENT

To: _____
Physician's Name

Email address (please print legibly)

Annual Dues: \$200.00
January 1, 2018 - December 31, 2018

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

If you know any physicians who would like to become members please take a moment and fill out the information below and fax back to our office.
Fax: 860-567-3591

Please send a membership application 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.