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2019 DUES STATEMENT

Name

Email address (please print legibly)

Annual Dues: \$200.00

January 1, 2019 - December 31, 2019

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.