

2024  
DUES STATEMENT



To: \_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Email address (please print legibly)

**Annual Dues: \$200.00**  
January 1, 2024 - December 31, 2024

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

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PLEASE MAKE CHECK PAYABLE TO:

Connecticut Urology Society

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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 [debbieosborn36@yahoo.com](mailto:debbieosborn36@yahoo.com)

Thank you.

[www.cturology.org](http://www.cturology.org)