

**2020
DUES STATEMENT**



Name

Email address (please print legibly)

Annual Dues: January 1, 2020 - December 31, 2020

___ Regular Member	\$450.00
___ 1st Year in Practice	\$175.00
___ 2nd Year in Practice	\$260.00
___ 3rd Year in Practice	\$350.00
___ If >67 and working <20 hrs/week	\$175.00
___ If >67 and fully retired	Dues exempt

PLEASE MAKE CHECK PAYABLE TO:
Connecticut Dermatology Society
P.O. Box 1079, Litchfield, CT 06759

Please check for \$50. off annual dues, if you attended the
May 23, 2019 Education Program.

Please check for \$50. off annual dues, if you attended the
October 10, 2019 Education Program.

Certificates & payment must accompany statement for credit to be applied.

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.

If you have any questions, please feel free to contact me at 860-567-4911
or email debbieosborn36@yahoo.com

Thank you.

www.ctdermatologysociety.org