

2022
DUES STATEMENT



Name _____

Email address (please print legibly) _____

Annual Dues: January 1, 2022 - December 31, 2022

___ 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

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 debbiesborn36@yahoo.com

Thank you.

www.ctdermatologysociety.org