



DUES STATEMENT

To: _____
 Physician's Name _____ Email Address (to send receipt of payment) _____

Annual Dues: January 1, 2016 - December 31, 2016

- | | |
|-------------------------------------|-------------|
| ___ Regular Member | \$450.00 |
| ___ 1st Year in Practice | \$175.00 |
| ___ 2nd Year in Practice | \$260.00 |
| ___ 3rd Year in Practice | \$350.00 |
| ___ If >65 and working <20 hrs/week | \$175.00 |
| ___ If >65 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 27, 2015 Education Program.
- Please check for \$50. off annual dues, if you attended the October 29, 2015 Education Program.

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

Please send 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.