2026
DUES STATEMENT

The Connecticut Dermatology & Dermatologic Surgery Society

Name _____ Email address (please print legibly) _____

Annual Dues: January 1, 2026 - December 31, 2026

___ 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

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

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☐ **Check Enclosed** ☐ **Credit Card Payment**

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*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 860-567-3787
or email debbieosborn36@yahoo.com
Thank you.

www.ctdermatologysociety.org