



DUES STATEMENT 2019

Name _____

Email address (please print legibly) _____

Annual Dues: January 1, 2019 - December 31, 2019

___ 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 31, 2018 Education Program.*
- Please check for \$50. off annual dues, if you attended the October 11, 2018 Education Program.*

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

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.