

**2023
DUES STATEMENT**



Name

Email address (please print legibly)

Annual Dues: January 1, 2023 - December 31, 2023

___ 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 860-567-3787
or email debbieosborn36@yahoo.com

Thank you.

www.ctdermatologysociety.org