

2024  
DUES STATEMENT



Name

Email address (please print legibly)

Annual Dues: January 1, 2024 - December 31, 2024

___ 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

\_\_\_ Visa      \_\_\_ Mastercard      \_\_\_ American Express

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(16 digit card number)

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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](mailto:debbieosborn36@yahoo.com)

Thank you.

[www.ctdermatologysociety.org](http://www.ctdermatologysociety.org)