# 2026
# DUES STATEMENT


To:_____
Physician's Name

_____
Email address (please print legibly

**Annual Dues: $200.00**
January 1, 2026 - December 31, 2026

Dues exempt: Residents and Members over 67 who are fully retired and have been a member for three consecutive years.

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PLEASE MAKE CHECK PAYABLE TO:

Connecticut Urology Society

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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

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**Card Holders' Name** **Billing Zip Code**

***Please return yellow copy of this statement with your payment.***

Send payment to:
Connecticut Urology Society, P.O. Box 854, Litchfield, CT 06759

If you have any questions, please feel free to contact Debbie Osborn at 860-567-3787 or email debbieosborn36@yahoo.com
Thank you.

**www.cturology.org**