

2027
DUES STATEMENT



To: _____
Physician's Name

Email address (please print legibly)

Annual Dues: \$200.00
January 1, 2027 - December 31, 2027

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

PLEASE MAKE CHECK PAYABLE TO:
Connecticut Urology Society

☐ Check Enclosed

☐ Credit Card Payment

____ Visa

____ Mastercard

____ American Express

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(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.

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