

**Connecticut Society of Eye Physicians**  
**2021 DUES STATEMENT**  
**January 1, 2021 thru December 31, 2021**



Name \_\_\_\_\_ Email \_\_\_\_\_

Phone # \_\_\_\_\_

Annual Membership Dues	\$750.00
Member 1st Year in Practice	\$375.00
Residents	Exempt
Members over 67	Exempt, who are fully retired and have been a member for three consecutive years.
Members over 67, who are part-time	\$375.00

**Discounts:**

1. **10% Early Bird Discount (\$75.00)** if payment is received by **December 31, 2020**.
2. **10% Group** (if **all** members of your group are members only - please pay for all members at the same time to avoid losing the discount) or if you are a solo practice or partnership and you have been a consecutive member for the last three years take a 10% discount. (\$75.00 per member).

**Computation for dues:**

\$750.00 x \_\_\_\_ # of members    \$ \_\_\_\_\_    Part time \$375.00 x \_\_\_\_ # of members    \$ \_\_\_\_\_

Less discounts that apply: 10% Early Bird Discount \$75.00 per member x \_\_\_\_ # of members    \$ \_\_\_\_\_

10% group or 3 year solo members \$75.00 per member x \_\_\_\_ # of members    \$ \_\_\_\_\_

**Total Dues after Discounts** \$ \_\_\_\_\_

**Please note that if you take advantage of both discounts, your dues will be reduced to: \$600.00.**

**Check Enclosed**

**Credit Card Payment**

**Any payments for dues received after December 31, 2020 will be \$675.00. No exceptions.**

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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ /  
 (16 digit card number)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 \*3 digit # MC/Visa

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (Expiration date)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 \*4 digit # American Express

\_\_\_\_\_  
**Card Holders' Name**

\_\_\_\_\_  
**Billing Zip Code**

**Thank you!**

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