Connecticut Society of Eye Physicians 2022 DUES STATEMENT January 1, 2022 thru December 31, 2022



	Fmail	- Luy-
Name		
	Phone #	
Annual Mamharahin	Dues \$750.00	
Annual Membership Member 1st Year in F		
Residents		
Members over 67	Exempt	who are fully retired and
Wellibers over 07		a member for three consecutive years.
Mambara ayar 67 xyb		a member for time consecutive years.
Members over 67, wh	1	
	Discounts:	
2. 10% Group (if all members of your gr		I. members at the same time to avoid losing the cutive member for the last three years take a
Computation for dues:		
\$750.00 x# of members \$	Part time \$375.00 v	# of members \$
\$/30.00 X# Of Illefficers \$	Fart time \$373.00 X	_# 01 IIIeIII0e18
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	s \$
Total Dues after Discounts \$	_	
Please return	yellow copy of this statement with yo	ur payment.
Please note that if you take adva	antage of both discounts, your due	es will be reduced to: \$600.00.
☐ Check Enclose	d Credit Card	l Payment
Any payments for dues recei	ved after December 31, 2021 will l	be \$675.00. No exceptions.
Visa	——— Mastercard ————	- Δmerican Eynress
Visa	- Wasterdard	American Express
/ / / /	- / / / / / / (16 digit card number)	_ / / / / / /
/	 /	/ /
*3 digit # MC/Visa	(Expiration date)	*4 digit # American Express
Card Holders' Name	Billing Zip Code	<u> </u>

Thank you!

P.O. Box 854, 26 Sally Burr Road, Litchfield, CT 06759 Tel. (860) 567-3787 Fax (860) 496-1830 - email: debbieosborn36@yahoo.com www.connecticutsocietyofeyephysicians.com