Connecticut Society of Eye Physicians 2023 DUES STATEMENT January 1, 2023 thru December 31, 2023



	Fmail	Physy
Name		
	Phone #	
Annual Membership Dues	\$750.00	
Member 1st Year in Practice	\$375.00	
Residents	Exempt	
Members over 67	1	o are fully retired and
	1	member for three consecutive years.
Members over 67, who are pa		· · · · · · · · · · · · · · · · · · ·
	Discounts:	
 10% Early Bird Discount (\$75.00) if payment 10% Group (if all members of your group are a discount) or if you are a solo practice or partner 10% discount. (\$75.00 per member). 	nembers only - please pay for all me	
-		
Computation for dues:		
\$750.00 x# of members \$	Part time \$375.00 x#	of members \$
Less discounts that apply: 10% Early Bird Discou	nt \$75.00 per member x	# of members \$
10% group or 3 year solo members \$75.00 per me	ember x# of members	\$
Total Dues after Discounts \$		
Please note that if you take advantage of	of both discounts, your dues	will be reduced to: \$600.00.
Check Enclosed	Credit Card P	ayment
Any payments for dues received after	er December 31, 2022 will be	\$675.00. No exceptions.
Visa	Mastercard — Ar	nerican 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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