



Connecticut Society of Eye Physicians
2015 DUES STATEMENT
January 1, 2015 thru December 31, 2015

Physician Member's Name _____ Email _____

(to send receipt of payment)

Practice Name _____

Annual Membership Dues	\$750.00
Member 1st Year in Practice	\$375.00
Residents	Exempt
Members over 65	Exempt, who are fully retired and have been a member for three consecutive years.
Members over 65, who are part-time	\$375.00

Discounts:

1. **10% Early Bird Discount** (\$75.00) if payment is received by **December 31, 2014**.
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 \$ _____

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 per member will be reduced to: \$600.00.**

Any payments for dues received after December 31, 2014 will be \$675.00. No exceptions.

We appreciate your continued support and look forward to working on your behalf in 2015.

Please note that this year we are accepting payments by check, MasterCard, Visa or American Express.

For credit card payments please fax back the attached form.

Thank you!

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www.connecticutsocietyofeyephysicians.com