

**Connecticut Society of Eye Physicians  
2019 DUES STATEMENT  
January 1, 2019 thru December 31, 2019**



Email \_\_\_\_\_  
please print legibly

*Please make corrections if necessary*

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, 2018.**
- 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, 2018 will be \$675.00. No exceptions.**

We appreciate your continued support and look forward to working on your behalf in 2019.

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!**

**Please return yellow copy of this statement with your payment.**

P.O. Box 854, 26 Sally Burr Road, Litchfield, CT 06759

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