THE SOCIETY OF CLINICAL SURGERY
Membership Dues Invoice 2021-2022

Annual Dues……$400

Name_____

Address_____

City/State/Zip_____

Phone_____

Email_____

Membership Category* (please circle): ☐ **Active**

☐ **Senior/Honorary**

*Payment of annual dues is required by active members up to age 65 or to retirement (whichever is first). After that point, payment is optional but appreciated.

Payment can be made by:

☐ **Credit card (preferred).** Please complete form and return by fax (858-777-3662) or email (sfsilverman@health.ucsd.edu).

☐ **Check.** Please make check payable to the Society of Clinical Surgery (Federal Tax ID #237438484) and return with form by mail to address below.

Credit card #	
Expiration date (MM/YY)	
Security code	
Amount	**$400**

Address: **The Society of Clinical Surgery**
c/o Rebekah White, MD
7755 Sendero Angelica
San Diego, CA 92127

For questions, please email sfsilverman@health.ucsd.edu or call 858-822-6173.