

2018 CSA MEMBERSHIP DUES STATEMENT

Please indicate any updated information on the lines to the right. Payment is due upon receipt, in order to avoid an uninterrupted subscription to SURGERY.

First Middle Last Designation _____
 Institution _____
 Address _____
 City, State, Zip Country _____
 Telephone _____
 Email _____
 Spouse Name _____
 Spouse Email _____
 Surgical Specialty _____
 Date of Birth _____
 ACS Member # _____

CSA 2018 ACTIVE Member Dues	\$300
CSA 2018 ASSOCIATE Member Dues	\$25
CSA 2018 NEW MEMBER ACTIVE Dues + Initiation Fee	\$400
CSA Optional Foundation Contribution (circle one) CSAF or NONIE LOWRY FUND	\$
Total Enclosed:	\$

PAYMENT OPTIONS (PLEASE CHECK ONE ONLY)	
<input type="checkbox"/> By Check	Instructions: Paying by credit card: Scan & email this registration form to: csa@lp-etc.com Paying by check: Send this form along with payment to: Central Surgical Association PO Box 219191 Kansas City, MO 64121-9191 Tax ID#: 38-6077274
<input type="checkbox"/> By Credit Card <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Number:	
Expiration Date (mm/yy):	
Name as it appears on Card:	
Mailing address and zipcode for credit card statements:	
Signature: _____	

ADDITIONAL OPTIONS

[] If you are 65+ years of age, or retired from practice, you are no longer required to pay CSA Membership Dues. My birthday is ___/___/____.

[] I would like to resign my CSA membership at this time.

Reason: _____

Questions? Please call 913.402.7102 or email CSA@lp-etc.com