

# 2019 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 2019 ACTIVE Member Dues	\$300
CSA 2019 ASSOCIATE Member Dues	\$25
CSA 2019 NEW MEMBER ACTIVE Dues + Initiation Fee	\$400
CSA Optional Foundation Contribution (circle one) <b>CSAF</b> or <b>NONIE LOWRY FUND</b>	\$
<b>Total Enclosed:</b>	\$

PAYMENT OPTIONS (PLEASE CHECK ONE ONLY)	
<input type="checkbox"/> <b>By Check</b>	<p><b>Instructions:</b></p> <p><b>Paying by credit card:</b>            Scan &amp; email this registration form to:  <a href="mailto:csa@lp-etc.com">csa@lp-etc.com</a></p> <p><b>Paying by check:</b>            Send this form along with payment to:</p> <p>Central Surgical Association            PO Box 219191            Kansas City, MO 64121-9191</p> <p><b>Tax ID#:</b> 38-6077274</p>
<input type="checkbox"/> <b>By Credit Card</b> <input type="checkbox"/> <b>AMEX</b> <input type="checkbox"/> <b>Discover</b> <input type="checkbox"/> <b>MasterCard</b> <input type="checkbox"/> <b>Visa</b>	
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](mailto:CSA@lp-etc.com)