



Ohio Chapter, American College of Surgeons

INVOICE

INVOICE #: 2016
JANUARY 1 – DECEMBER 31, 2016

***** Please do NOT return this invoice to the chapter office; it is for your records only *****
Please return the Membership Application form with payment.

Print Name: _____

Phone #: _____

DESCRIPTION	AMOUNT TO BE PAID
Please check the appropriate category and enter amount to be paid to the right.	
<input type="checkbox"/> 2016 Fellow Dues	\$ 255.00
<input type="checkbox"/> 2016 Associate Fellow Dues	\$ 125.00
<input type="checkbox"/> 2016 Retired Fellow Dues	\$ 25.00
<input type="checkbox"/> 2016 Affiliate Dues	\$ 125.00
ENTER TOTAL	

Remit payment to:
Ohio Chapter, American College of Surgeons
PO Box 1715
Columbus, OH 43216-1715
(877) 677-3227
Fax: (877) 835-5798

Make all checks payable to "Ohio Chapter, ACS".

If you have any questions concerning this invoice, contact the Ohio Chapter Executive Office at (877) 677-3227.

Thank you for your support!