

**ARIZONA UROLOGICAL SOCIETY  
2010-2011 MEMBERSHIP DUES STATEMENT**

Dear Dr. :

**FINAL NOTICE**

Thank you for your continued membership in the Arizona Urological Society. AZUS dues are **\$250** if paid by **June 30, 2010**. Please add \$10 for each month overdue. (If you are applying for Senior Membership or other change, please send a separate written notice with this statement.)

**PART I: PERSONAL INFORMATION:**

**O.K. AS IS**

**O.K. WITH CHANGES**

**Work/Primary Information:**

**Member Name:** \_\_\_\_\_  **F.A.C.S.**

**Birthdate:**

**Organization:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Work City/S/Z:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Work Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_

**Home/Secondary Information:**

**Home Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Home City/S/Z:** \_\_\_\_\_

**PART 2:**

**Payment Information:**

<b>2010 - 2011 Dues:</b>	\$ <u>250</u>
Residents Fund Contribution (optional)	\$ _____
<b>Total</b>	\$ _____

Check Payment Enclosed \_\_\_\_\_  
(payable to: **Arizona Urological Society**)

Credit Card Payment: \_\_\_\_\_ Visa/MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ AMEX

Card# \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Expire Date: \_\_\_\_\_

\_\_\_\_\_ For my credit card payment, I hereby authorize Medical Association Management Co. to debit my credit card account, the total fees as indicated above.

**Please note that the transaction will appear on your statement under the name of "MAMCO WEBPAY."**

Dues are not deductible as a charitable contribution for Federal Income Tax purposes but may be deductible as an ordinary business expense.

**Arizona Urological Society**

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