



2020/2021 MEMBERSHIP DUES

**PHOENIX
SURGICAL
SOCIETY**

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Dear Phoenix Surgical Society Member,

This letter is your 2020/2021 Phoenix Surgical Society dues statement. Please fill out the bottom of this form and fax back with credit card payment or detach and mail back with your check. Please retain a copy for your records and receipt.

Dues for 2020/2021

Member **\$550**

Honorary Active Members (Retired) **\$195**

Benefits: The above membership rates include admission to the 2020 Phoenix Surgical Society Meeting.

Honorary Inactive (Retired, no benefits) **\$0**

**49th Phoenix Surgical Symposium
February 11-13, 2021**

Scottsdale Hilton Resort and Villas
6333 North Scottsdale Road
Scottsdale, AZ 85250.

Visit us at
www.phoenixsurgicalsociety.com

**Phoenix Surgical Society
2020/2021 DUES Statement**

Please print info below

Full Name	
Full Street Address	
City/St/Zip	
Email	
Phone	
Fax	

Please check membership box

(A) Active Member \$550 (HA) Honorary Active Member \$195 (HI) Honorary Inactive Member \$0

Enclosed is my check made payable to Phoenix Surgical Society: Ck # _____

Please charge my credit card: AMEX, VI, MC or Discover

Card Number: _____ Expire Date _____ CCV code _____

Name on card: _____

Full Billing address if different from above: _____

Signature of cardholder: _____