



Maine Chapter, American College of Surgeons

INVOICE

INVOICE #: 2017
JANUARY 1 – DECEMBER 31, 2017

***** 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"/> 2017 Fellow Dues	\$150.00
<input type="checkbox"/> 2017 Associate Fellow Dues	\$100.00
<input type="checkbox"/> 2017 Retired Fellow Dues	\$50.00
<input type="checkbox"/> 2017 Affiliate Dues	\$100.00
ENTER TOTAL	

Remit payment to:
Maine Chapter, American College of Surgeons
PO Box 190
Manchester, ME 04351

(207) 445-2260
Fax: (207) 445-4880

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

If you have any questions concerning this invoice, contact the Maine Chapter, ACS at (207) 445-2260.

Thank you for your support!