



# American College of Surgeons

## Oregon Chapter

### 2012 DUES Form

**MEMBER INFORMATION** (\*Please help us update your contact information)

First name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Credentials \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_  
 Office manager \_\_\_\_\_ Manager email \_\_\_\_\_

**MEMBERSHIP DUES** (If you feel this information is incorrect, please contact us)

PLEASE CHECK ONE (Class):	DUES
<input type="checkbox"/> FELLOW (must be active ACS Fellows in practice)	\$100.00
<input type="checkbox"/> NON-FACS PHYSICIAN, ALLIED HEALTH PROFESSIONALS AND NURSES	\$100.00

**OPTIONAL TAX-DEDUCTIBLE CONTRIBUTION:**

OREGON CHAPTER FOUNDATION (suggested amount \$100.00) \_\_\_\_\_

**Total Enclosed:**

**METHOD OF PAYMENT**

Check or Please charge my credit card  VISA  MC  AMEX  
 Address that credit card is issued: \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Exp. \_\_\_\_\_  
 Date: \_\_\_\_\_ Sec. Code on Card: \_\_\_\_\_  
 Name of Cardholder: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Please make checks payable to: Oregon Chapter, American College of Surgeons**

Return this form and check to: American College of Surgeons, Oregon Chapter  
 c/o Spire Management  
 3340 Commercial St SE, Su 220  
 Salem, OR 97302  
**TAX ID: 93-6090977**  
 For questions or inquiries: Harvey Gail, Chapter Administrator  
 Tel: 503-371-7457 / Fax: 503-585-8547

\*Please also maintain current information with the ACS national office