



WESTERN SURGICAL ASSOCIATION

WSA 2019 MEMBERSHIP DUES

Please find your WSA Membership Dues Statement. Payment is due upon receipt.

First Middle Last Designation _____
 Company _____
 Work Address 1, 2, 3 _____
 City, State, Zip Country _____
 Work Phone _____
 Work Fax _____
 Email _____
 Date of Birth _____
 Surgical Specialty _____
 Spouse Name _____
 Spouse Email _____

WSA 2019 Membership Dues – Active Member	\$250

PAYMENT OPTIONS (PLEASE CHECK ONE ONLY)	
<input type="checkbox"/> By Check	Instructions: Paying by credit card: Scan & email this form to wsa@lp-etc.com Paying by check: Send this form along with payment to: Western Surgical Association PO Box 219191 Kansas City, MO 64121-9191 Tax ID#: 23-7299969
<input type="checkbox"/> By Credit Card <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Number: _____	
Expiration Date (mm/yy): _____	
Name as it appears on Card: Mailing address and zip code for credit card statements: _____	
Signature: _____	

ADDITIONAL OPTIONS

[] **If you are 65+ years of age, or retired from practice, you are no longer required to pay WSA Membership Dues. My birthday is ___/___/_____.**

[] **I would like to resign my WSA membership at this time.**

Reason: _____

Questions? Please call 913.402.7102 or email wsa@lp-etc.com

SAVE THE DATE:
WSA 2019 Annual Meeting
November 2-5, 2019 at Green Valley Ranch Resort & Spa, Las Vegas
www.westernsurg.org