



# WESTERN SURGICAL ASSOCIATION

## WSA 2020 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 2020 Membership Dues – Active Member	<b>\$250</b>

PAYMENT OPTIONS (PLEASE CHECK ONE ONLY)	
<input type="checkbox"/> <b>By Check</b>	<b>Instructions:</b> <b>Paying by credit card:</b> Scan & email this form to wsa@lp-etc.com  <b>Paying by check:</b> Send this form along with payment to:  Western Surgical Association PO Box 219191 Kansas City, MO 64121-9191  <b>Tax ID#:</b> 23-7299969
<input type="checkbox"/> <b>By Credit Card</b> <input type="checkbox"/> <b>AMEX</b> <input type="checkbox"/> <b>Discover</b> <input type="checkbox"/> <b>MasterCard</b> <input type="checkbox"/> <b>Visa</b>	
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](mailto:wsa@lp-etc.com)

**SAVE THE DATE:**  
**WSA 2020 Annual Meeting**  
**November 7-10, 2020 at Laguna Cliffs Resort & Spa, Dana Point, CA**  
[www.westernsurg.org](http://www.westernsurg.org)