

2019 DUES INVOICE



Surgical Association of LA

LA-ACS/SAL Annual Meeting

January 18-20, 2019

InterContinental Hotel New Orleans

New Orleans, LA

If paying by check, please make a copy of this form and send with your payment.

Pay Online!

1. Go to: <https://LAACS.org>

2. Fill out form

3. Submit your cc info on our secure site.

DESCRIPTION	AMOUNT
SAL Annual Dues for January 1, 2019 - December 31, 2019	\$100.00
Retired member, Resident members, and Medical Students*	No Charge

TOTAL ENCLOSED

\$ _____

* Senior Member is any member in good standing, upon his/her request, shall be transferred to senior membership status at the age of 75 or upon retirement and shall remain on the rolls of the association.

CONTACT INFO (Please fill out your information below to confirm our records. Please print clearly.)

NAME _____

ADDRESS _____

CITY/ZIP _____

BUSINESS PHONE _____

FAX _____

E-MAIL _____

PAYMENT INFO (Make check payable to SAL. Return form with your payment.)

Payment Amount
\$ _____

Check No. _____

Credit Card (check one)

Visa

Master Card

American Express

NAME AS ON CARD _____

BILLING ADDRESS _____

CC # _____ EXPIRATION DATE _____ CSC _____

SIGNATURE _____ DATE _____

SAL membership dues are not tax deductible as charitable contributions for federal income tax purposes, but may be deductible as a professional and necessary business expense. Please consult your tax advisor.