

# 2020 DUES INVOICE



Louisiana Chapter *of the*  
American College of Surgeons

## LA-ACS/SAL Annual Meeting

January 17-19, 2020  
Ritz Carlton 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 |
|-------------|--------|
|-------------|--------|

Annual Dues for January 1, 2020 - December 31, 2020

Active \$125     Associate \$125     Retired member, Resident members, and Medical Students (No Charge)

TOTAL ENCLOSED \$ \_\_\_\_\_

**Chapter Involvement** Get involved with your local chapter. The LA-ACS has several committees and programs that you can join. Check all that interest you below. Yes, I'd like to be involved in the following:

Leadership     Program Committee     YFA Committee     Women in Surgery Committee     Advocacy Day

*\*Your Chapter's council encourages all Fellows to support the ACS Fellows Endowment Fund with a contribution of \$25.00 included with the payment of your dues. LA-ACS 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.*

## 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 LA-ACS. Return form with your payment.)

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| <p>Payment Amount<br/>\$ _____</p> <p>Check No. _____</p> <p>Credit Card (check one)</p> <p><input type="checkbox"/> Visa</p> <p><input type="checkbox"/> Master Card</p> <p><input type="checkbox"/> American Express</p> |
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|                       |                       |           |
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| SIGNATURE _____       | DATE _____            |           |

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