



# Ohio Chapter, American College of Surgeons

## INVOICE

INVOICE #: 2014  
JANUARY 1 – DECEMBER 31, 2014

**\*\*\* Please do NOT return this invoice to the chapter office; it is for your records only \*\*\***  
**Please return the Membership Application form with payment.**

Print Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

DESCRIPTION	AMOUNT TO BE PAID
Please check the appropriate category and enter amount to be paid to the right.	
<input type="checkbox"/> 2014 Fellow Dues	\$ 255.00
<input type="checkbox"/> 2014 Associate Fellow Dues	\$ 125.00
<input type="checkbox"/> 2014 Retired Fellow Dues	\$ 25.00
<input type="checkbox"/> 2014 Affiliate Dues	\$ 125.00
<b>ENTER TOTAL</b>	

Remit payment to:  
Ohio Chapter, American College of Surgeons  
PO Box 1715  
Columbus, OH 43216-1715  
(877) 677-3227  
Fax: (877) 835-5798

Make all checks payable to "Ohio Chapter, ACS".

If you have any questions concerning this invoice, contact the Ohio Chapter Executive Office at (877) 677-3227.

**Thank you for your support!**