

OREGON THORACIC SOCIETY
DUES STATEMENT

July 1– June 30

Active Member	\$75.00
<small>(individuals who possess an MD, PhD, or equivalent degree)</small>	
Associate Member (Non-Physician)	\$50.00
<small>(non-doctoral, RTs, PTs, nurses and other health personnel, graduate - doctoral – medical students, interns).</small>	
Extra Contribution (Optional)	\$ _____
Total	\$ _____

Note: dues provide a discount for the annual OTS Chest Disease Conference. Please Mark your calendar: February 18 – 21, 2010 in Sunriver, Oregon.

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Name: _____ Suffix: _____

Institution/Affiliation: _____

Preferred Address: Business Home
Please Print

Mailing Address:

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone _____

Fax Number: _____

E-mail: _____
Please provide an email address

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Payment Type

Cash: _____

Check#: _____

Visa / MC # _____ Exp. Date: ____ / ____

Signature: _____

Mail to: Oregon Thoracic Society • c/o ALA in Oregon • 7420 SW Bridgeport Rd
Ste 200 • Tigard, OR 97224 or **Fax to:** 503-924-4120