



MIDWEST SURGICAL ASSOCIATION



MEMBERSHIP DUES STATEMENT

Please provide any updates to contact information on the lines to the right. Payments for membership dues are due **upon receipt** to avoid an uninterrupted subscription to the *American Journal of Surgery*.

First Middle Last, Credentials _____
 Institution _____
 Address 1,2,3 _____
 City, State, Zip _____
 Telephone _____
 Email _____
 Spouse Name _____
 Spouse Email _____
 Date of Birth _____
 Surgical Specialty _____
 ACS Member Number _____

MSA Annual Dues	\$225
Optional MSA Foundation Contribution	\$
Total Due	\$

PAYMENT OPTIONS (PLEASE CHECK ONE ONLY)	
<input type="checkbox"/> By Check Check # _____	Instructions: Paying by credit card: Please use link on website or Scan & email form to msa@lp-etc.com Paying by check: Send with this form to: Midwest Surgical Association PO Box 219191 Kansas City, MO 64121-9191 t: 913.402.7102 msa@lp-etc.com MSA Tax ID #51-0197240 MSA Foundation Tax ID #20-8529483
<input type="checkbox"/> By Credit Card <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card	
Expiration Date (mm/yy):	
Name as it appears on Card:	
Mailing address and zip code for credit card statements:	
Signature: _____	

MSA 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.