



The Pancreas Club 2018 MEMBERSHIP DUES

First Middle Last Designation _____

Organization _____

Work Address 1, 2, 3 _____

City, State, Zip Country _____

Work Phone _____

Work Fax _____

Email _____

Date of Birth _____

Surgical Specialty _____

2018 Membership Dues – Active Member	\$150
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PAYMENT OPTIONS (PLEASE CHECK ONE ONLY)	
<input type="checkbox"/> By Check	<p>Instructions:</p> <p>Paying by credit card: Scan & email this form to pancreas@lp-etc.com</p> <p>Paying by check: Send this form along with payment to: The Pancreas Club PO Box 219191 Kansas City, MO 64121-9191</p> <p>Tax ID#: 94-2329134</p>
<input type="checkbox"/> By Credit Card <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Number:	
Expiration Date (mm/yy):	
Name as it appears on Card:	
Mailing address and zip code for credit card statements:	
Signature: _____	

Questions? Please call 913.402.7102 or email pancreas@lp-etc.com