****

**The Pancreas Club Membership Fees**

First Middle Last Designation \_\_\_\_\_\_

Organization

Work Address 1, 2, 3

City, State, Zip Country

Work Phone

Work Fax

Email

Date of Birth

Surgical Specialty

|  |  |
| --- | --- |
| Club Fees | **$150** |
| Please fill in Membership Calendar Year |  |

|  |
| --- |
| **Payment Options (Please check one only)** |
| [ ]  | **By Check**  |   | **Instructions:****Paying by credit card:** Scan & email this form to pancreas@lp-etc.com**Paying by check:** Send this form along withpayment to:The Pancreas ClubPO Box 219191Kansas City, MO 64121-9191**Tax ID#:** 94-2329134 |
| [ ]  | By Credit Card [ ]  AMEX [ ]  Discover [ ]  MasterCard [ ]  Visa |  |
|  | Credit Card Number: |   |  |
| Expiration Date (mm/yy): |   |
| Name as it appears on Card: |  |
| Mailing address and zip codefor credit card statements: |  |
| Signature: |  |
|  |

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