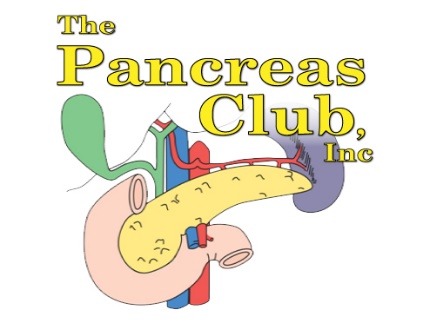
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**The Pancreas Club Membership Fees**

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 with  payment to:  The Pancreas Club  PO Box 219191  Kansas 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 code  for credit card statements: |  |
| Signature: |  |
|  |

Questions? Please call 913.402.7102 or email [pancreas@lp-etc.com](mailto:pancreas@lp-etc.com)