

# 2019 DUES INVOICE



South Texas Chapter of the  
American College of Surgeons

**South Texas Chapter ACS Annual Meeting**  
February 7-9, 2019  
Sheraton Austin Hotel at the Capitol  
Austin, TX

**If paying by check, please make a copy of this form and send with your payment.**

**Pay Online!**

1. Go to: <https://southtexasacs.org>
2. Fill out form
3. Submit your cc info on our secure site.

DESCRIPTION	AMOUNT
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Annual Dues for January 1, 2019 - December 31, 2019

- Active \$100       Affiliate \$100       Retired Fellow (Dues Exempt)

**TOTAL ENCLOSED** \$ \_\_\_\_\_

*South Texas Chapter-ACS 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.*

**CONTACT INFO** (Please fill out your information below to confirm our records. Please print clearly.)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

**PAYMENT INFO** (Make check payable to South Texas ACS. Return form with your payment.)

<p>Payment Amount \$ _____</p> <p>Check No. _____</p> <p>Credit Card (check one)</p> <p><input type="checkbox"/> Visa</p> <p><input type="checkbox"/> Master Card</p> <p><input type="checkbox"/> American Express</p>	<p>NAME AS ON CARD _____</p> <p>BILLING ADDRESS _____</p> <p>CC # _____      EXPIRATION DATE _____      CSC _____</p> <p>SIGNATURE _____      DATE _____</p>
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