

**SOCIETY OF THORACIC RADIOLOGY
2017 Membership Dues Invoice**

Member ID #: _____

First: _____ Last: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone (WK): _____ Phone (HM): _____

Fax: _____ Email: _____



Please complete or indicate any changes to the above address. Be sure to include your email address. You may also renew your membership by returning this invoice along with a check, VISA, MasterCard, Discover or American Express account information.

INVOICE DETAILS

2017 Membership Dues	Includes a subscription to the <i>Journal of Thoracic Imaging</i>	\$440.00	\$ _____
Member Contribution	Voluntary Contribution to the Research & Educational Fund	\$ _____	\$ _____
Jack Westcott Fund	Voluntary Contribution	\$ _____	\$ _____

PAYMENT DETAILS

TOTAL Amount Enclosed \$ _____

Check enclosed \$ _____ (US Funds) Make payable to Society of Thoracic Radiology.

Credit Card Type: _____ VISA _____ MasterCard _____ Discover _____ Amex

Credit Card Number: _____
(Appears as a Matrix Meetings charge on your credit card statement)

Expiration Date: _____

Cardholder Name: _____

Cardholder Signature: _____

To ensure proper credit, send this form with payment information by February 15, 2017 to:

Society of Thoracic Radiology (STR)
c/o Matrix Meetings, Inc.
PO Box 7169
Rochester, MN 55903-7169
Phone: 507-288-5620 Fax: 507-288-0014
Email: str@thoracicrad.org