

**SOCIETY OF THORACIC RADIOLOGY  
2018 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**

<b>2018 Membership Dues</b>	Includes a subscription to the <i>Journal of Thoracic Imaging</i>	\$440.00	\$ _____
<b>Member Contribution</b>	Voluntary Contribution to the Research & Educational Fund	\$ _____	\$ _____
<b>Jack Westcott Fund</b>	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 Verification Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Send this form with payment information to:

Society of Thoracic Radiology (STR)  
Attn: Jodeen Burke  
1061 E. Main Street, Suite 300  
East Dundee, IL 60118  
Phone: 847-752-5355  
Email: [str@thoracicrad.org](mailto:str@thoracicrad.org)