

SOCIETY OF THORACIC RADIOLOGY
Membership Dues Invoice

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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

| | | | |
|----------------------------|-------------------------------------------------------------------|----------|----------|
| 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 Verification Code: _____

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Send this form with payment information to:

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