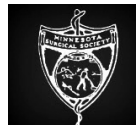


# MSS + YOU

Annual Dues January 1 - December 31, 2022

2213 Danny Park • Metairie, LA 70001 • Ph:(504)- 841-0145 • Fx: (504)-335-2266



MINNESOTA SURGICAL SOCIETY  
A Chapter of the ACS

## MSS + YOUR INVOLVEMENT

### Get Involved in Your Local Chapter

Yes, I would like to be involved in the following:

- MSS Councilor
- Program Committee
- Women in Surgery Committee
- Committee Chair
- Young Fellows Association Committee
- Advocacy Day

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

NAME \_\_\_\_\_

SURGICAL SPECIALTY \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

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

## PAYMENT INFO (Make check payable to MSS. Return form with your payment.)

<input type="checkbox"/> Active	\$175	<input type="checkbox"/> Visa
<input type="checkbox"/> Associate	\$175	<input type="checkbox"/> Master Card
<input type="checkbox"/> Affiliate	\$125	<input type="checkbox"/> American Express
<input type="checkbox"/> Retired	\$50	<input type="checkbox"/> Check # _____
<input type="checkbox"/> Resident members/Medical Students	FREE	Payment Amount \$ _____

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.

NAME AS ON CARD \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ CSC \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Our mission is to **promote** the knowledge of the science of surgery, **encourage** the study of surgical literature, **elevate** the standards of surgery, and **educate** the public and profession with respect to surgical care.

Visit [mnsurgicalsociety.org](http://mnsurgicalsociety.org) for additional information and upcoming events. Email Janna: [janna@mnsurgicalsociety.org](mailto:janna@mnsurgicalsociety.org)