

Connecticut Society of Eye Physicians
2026 DUES STATEMENT
January 1, 2026 thru December 31, 2026



Name _____ Email _____

Phone # _____

Annual Membership Dues	\$750.00
Member 1st Year in Practice	\$375.00
Residents	Exempt
Members over 67	Exempt, who are fully retired and have been a member for three consecutive years.
Members over 67, who are part-time	\$375.00

Discounts:

1. **10% Early Bird Discount (\$75.00)** if payment is received by **December 31, 2025.**
2. **10% Group** (if **all** members of your group are members only - please pay for all members at the same time to avoid losing the discount) or if you are a solo practice or partnership and you have been a consecutive member for the last three years take a 10% discount. (\$75.00 per member).

Computation for dues:

\$750.00 x ____ # of members \$ _____ Part time \$375.00 x ____ # of members \$ _____

Less discounts that apply: 10% Early Bird Discount \$75.00 per member x ____ # of members \$ _____

10% group or 3 year solo members \$75.00 per member x ____ # of members \$ _____

Total Dues after Discounts \$ _____

Please note that if you take advantage of both discounts, your dues will be reduced to: \$600.00.

☐ **Check Enclosed**

☐ **Credit Card Payment**

Any payments for dues received after December 31, 2024 will be \$675.00. No exceptions.

_____ Visa _____ Mastercard _____ American Express

____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ /
(16 digit card number)

____ / ____ / ____
*3 digit # MC/Visa

____ / ____ / ____
(Expiration date)

____ / ____ / ____ / ____
*4 digit # American Express

Card Holders' Name

Billing Zip Code

Thank you!

P.O. Box 854, 26 Sally Burr Road, Litchfield, CT 06759
Tel. (860) 567-3787 Fax (860) 567-4174 - email: debbieosborn36@yahoo.com
www.connecticutsocietyofeyephysicians.com