

2012 MEMBERSHIP APPLICATION/RENEWAL

PRACTICE/FACILITY NAME _____

PRIMARY OFFICE ADDRESS _____
 STREET/P.O. BOX _____

CITY _____ STATE _____ ZIP _____

OFFICE TELEPHONE _____ OFFICE FAX _____

BILLING CONTACT _____

FIRST _____ LAST _____ TELEPHONE _____

CITY _____ STATE _____ ZIP _____

PRIMARY PHYSICIAN CONTACT _____

FIRST _____ LAST _____

DEGREE _____ PRESIDENT'S COUNCIL DONOR

EMAIL (REQUIRED)* _____

DIRECTOR OF NURSING _____

FIRST _____ LAST _____

DEGREE _____ PRESIDENT'S COUNCIL DONOR

EMAIL (REQUIRED)* _____

FACILITY ADMINISTRATOR _____

FIRST _____ LAST _____

EMAIL (REQUIRED)* _____ PRESIDENT'S COUNCIL DONOR

TELEPHONE _____ FAX _____

FACILITY MEMBERS: Please list additional contacts in your facility to be included in membership

PHYSICIAN MEMBER _____

FIRST _____ LAST _____

DEGREE _____ PRESIDENT'S COUNCIL DONOR

PHYSICIAN MEMBER _____

FIRST _____ LAST _____

DEGREE _____ PRESIDENT'S COUNCIL DONOR

PHYSICIAN MEMBER _____

FIRST _____ LAST _____

DEGREE _____ PRESIDENT'S COUNCIL DONOR

Please feel free to add additional people on a separate sheet of paper and include with this application.

OSS MEMBERSHIP DUES PAYMENT

Facility Membership fewer than 1,000 procedures per year	\$ 1,500.00
Facility Membership more than 1,000+ procedures per year	\$ 2,500.00
President's Council Membership	\$ 1,500.00 per person

Contribution supports the lobbying efforts of OSS. Please indicate donor on form.

PAYMENT INFORMATION: _____

Check Enclosed Payable To: OSS Check # _____ Check Amount _____



Charge To: Mastercard Visa AMEX Discover Charge Amount _____

Card # _____ Expiration Date _____

Confirming Phone Registration # _____

Card Holder Signature _____

*Many OSS communications are by email. By providing your email you agree to these uses. Your email address will be used for other commercial purposes related to OSS. Membership dues are not deductible as a charitable contribution for federal income tax purposes. 30% of OSS dues are utilized as lobbying expense and may not be deducted as a business expense. Membership or affiliation is not transferable or assignable. Dues are computed on a calendar year basis and shall be payable for the first day of January. No refunds are permitted.

RETURN APPLICATION TO:

1250 S. Buckley Rd.
 Suite I-189
 Aurora, CO 80017

(866) 892-1001 toll free