



**Milwaukee Gynecological Society**  
 563 Carter Court, Suite B  
 Kimberly, WI 54136  
 Phone: 920-560-5633 | Fax: 920-882-3655  
 Email: [mgs@badgerbay.co](mailto:mgs@badgerbay.co)

**2015-2016 Membership Renewal Statement**

Name:

Employer:

Address:

City, State, Zip:

Phone:

Fax:

Email:

Home Address:

City, State, Zip:

Phone:

Email:

Please indicate your preferred mailing address: \_\_\_ Work \_\_\_ Home

**Dues Statement**

**Base Membership Dues (check one):**

- \$250 Active/Associate Member
- \$150 Life Members (fully retired from practice/age 65 or older)

Base Dues Enclosed: \$ \_\_\_\_\_

**Optional:**

- Prepayment of 2015-16 Dinner Programs (Include **\$240** if you plan to attend all four dinner programs; separate registration will also be available for each program) \$ \_\_\_\_\_
- Contribution to MGS Speaker Fund to help secure out-of-town topic experts (contribution may be tax-deductible, please check with your tax adviser) \$ \_\_\_\_\_

**TOTAL Payment Enclosed** \$ \_\_\_\_\_

**METHOD OF PAYMENT**

- Check (payable to Milwaukee Gynecological Society)
- Credit Card:  VISA  MasterCard  Discover

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

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address (if different from address above): \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

**Please return completed form along with payment to:**

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