

# Arkansas Society of Anesthesiologists 2008 Membership Dues and Information

Date: \_\_\_\_\_

Doctors Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Address:      Yes    No

Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Membership: (Circle Only One)

Active      Affiliate      Resident      Retired

Membership Dues Owed: \$200.00

Please return this information sheet with your check payable to the Arkansas Society of Anesthesiologists (no cash please). To:

Arkansas Society of Anesthesiologists  
P.O. Box 251306  
Little Rock, AR 72225  
(501) 454-7509 phone  
(501) 265-0311 fax

\*\*Please retain a copy of this form for your records. This will also serve as your tax receipt for 2008.