



**2018 SURIGCAL OUTCOMES CLUB MEMBERSHIP DUES
PAYMENT BY CHECK FORM**

Thank you for renewing your membership.

If you have not yet completed the online membership form, please do so at: <http://www.surgicaloutcomesclub.com/members>

If you would like to pay by check, please fill out the brief information below and send this form with a check to the following address:
(Checks payable to Surgical Outcomes Club)

Surgical Outcomes Club
c/o Ashley Duby
University of Michigan, Department of Surgery
North Campus Research Complex
2800 Plymouth Road, Building 16, 1st Floor
Ann Arbor, MI 48109-2800

Full Name: _____

Institution: _____

Email address: _____

Please indicate the applicable membership level below:

- Physician and Non-Physician, Membership Due \$275
- Trainee (e.g. intern, resident, fellows, medical student) Membership Due \$50
- If you require a personalized receipt to meet institutional documentation requirements, please check this box and one will be sent to you at the e-mail address you included in the online membership form.