



2019 Membership Dues Invoice

2019 Renewal Membership \$300.00
2019 New Membership (first year member with application) \$150.00

Please complete the information below and mail with payment payable to the Massachusetts Orthopaedic Association. *(Please Note: 44% of your dues dollars are for lobbying and are not tax deductible as a business expense.)*

For Credit Card Payment please log onto www.massortho.org, your payment is securely processed via PayPal.

(Please print/type)

Name _____

Physician Email Address _____ Practice Web Address _____

Practice Manager's Name _____ Email Address _____

Practice Name _____

Address _____

City, Zip _____

Telephone _____ Fax _____

Specialty _____

To Remit payment by check:

Payable to: Massachusetts Orthopaedic Association

Mail to: MOA

c/o Susan Schaffman

26 Riggs Avenue, West Hartford, CT 06107

To Remit payment by credit card:

Log onto www.massortho.org

Pay securely using PayPal

To Arrange Group Billing

Email maorthoexec@gmail.com

Call 860-690-1146

For questions or comments, please contact Susan Schaffman, Executive Director at (860)690-1146, email maorthoexec@gmail.com