



2010 RWISO MEMBERSHIP

Check one ✓

NEW Member **Member Renewal**

First and Last Name	
Business Address	
City, State and Postal Code	
Country	
Phone	
Fax	
Email (Please print clearly)	

DESCRIPTION Check one ✓

AMOUNT DUE

Annual Dues Rates:	
<input type="checkbox"/> Annual Membership for All Regions.....	\$300 a year
<input type="checkbox"/> Annual Membership for Retired Doctors.....	\$150 a year

**Please make your membership payment by
April 1, 2010**

Payment methods

<p>Check (payable to RWISO)</p> <p>Check #</p> <p>Mail To: RWISO 1712 Devonshire Road Sacramento, CA 95864</p>	<p>Credit Card (Circle One) Visa, MasterCard, American Express or Discover</p>	
	Card#	Exp.
	Signature	
	Fax To: 866-746-3815 or 928-223-2028	

Questions? Email info@rviso.org or call 916-270-2013

For Office Use Only

Received	Process cc/ck	Quickbooks	Database	Confirmed
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