



2012 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.....	\$25 a year

**Please make your membership payment by
April 1, 2012**

Payment methods

Check (payable to RWISO)	Credit Card (Circle One)	
	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Check #	Card#	Exp.
Mail To: RWISO 16795 Lark Ave, Suite 104 Los Gatos, CA 95032	Signature	
	Fax To: 408-521-9191	