



Society of Skeletal Radiology

1061 E. Main St, STE 300 | East Dundee, IL 60118

Phone: 847-752-6626 • Fax: 847-752-6632

[Society of Skeletal Radiology](#)

Date:

Name:

Email:

SSR Membership Application Fee

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	Amount Due	Amount Paid
Application Fee	\$75.00	\$ _____
Total amount:		\$ _____

METHOD OF PAYMENT

Check (please make check payable to: Society of Skeletal Radiology)

Credit Card: Visa Master Card AMEX

Card Number: _____

Exp. Date: _____ **CCV Code:** _____ **Total:** \$ _____

Name on Card: _____

Signature _____

3 WAYS TO SUBMIT PAYMENT

1). Mail check or CC information w/ this invoice to:

Society of Skeletal Radiology | 1061 E. Main Street, Suite 300, East Dundee, IL 60118

2). *Email Invoice **without CC information to: admin@skeletalrad.org**

**Staff will call you and take cc information over the phone*

3). Phone SSR staff Patrick Kelly @ 847-892-7642

We are here to help, if we may assist you in any manner please contact us, our information is below.

Thank you,

Patrick Kelly

Society of Skeletal Radiology

patrick@veritasmeetingsolutions.com