



**Society of Skeletal Radiology**

1061 E. Main Street, Suite 300 | East Dundee, IL. 60118

Phone: 847.752.6626 • Fax: 847.752.6632

**SSR MEMBERSHIP APPLICATION FEE - INVOICE**

SSR Membership Application Fee	Amount Due	Amount Paid
	\$75.00	\$

**METHOD OF PAYMENT / CONTACT INFORMATION**

**APPLICANTS FULL NAME:**

(Please print)

**Email:**

**Ph.:**

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

**Mail 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: [jodeen@veritasmeetings.com](mailto:jodeen@veritasmeetings.com)**

\*Jodeen will call you for credit card payment

**3). Phone:** 847.752.6626 to pay by phone

We are here and happy to help, if we may assist you in any manner please contact us.

Thank you,

Jodeen Burke

Society of Skeletal Radiology

[jodeen@veritasmeetings.com](mailto:jodeen@veritasmeetings.com) | 847.752.6626