



2017 DUES STATEMENT

*The purpose of this Society shall be to bring into one organization
the physicians of Scott County for the expressed desire of
promoting excellence in healthcare.*

Our mission to achieve excellence in healthcare shall be achieved through:

- Promoting the art and science and best standards of ethical medical practice
- Protecting the integrity of the patient-physician relationship
- Advocating for the health and well-being of the community
- Supporting education, scientific programs and charitable programs in the community
- Uniting physicians of all specialties and practices to achieve these ends

Tax Deduction information – Society dues are deductible as a business expense because there are no lobbying activities on behalf of our members.

*Please make your check payable to the Scott County Medical Society, PO Box 277, Bettendorf, IA 52722.
Or complete the credit card information below.*

ONE YEAR MEMBERSHIP	<u>\$ 395.00*</u>
TOTAL PAID	<u>\$ _____</u>

*First and second years in practice, dues are half. Please call SCMS at (563) 328-3390 if you have any questions.

To charge your dues to: Visa: _____ MasterCard: _____ Discover: _____

Credit Card number: _____ Expiration date: _____

Print Name: _____ CVV Number: _____

Address: _____

Signature of card holder: _____

IMPORTANT: Whether you're using a business or personal credit card, the name and address you give us must be that of the Cardholder (the name and address that is printed on your credit card statement).