

2017 LCMS Membership Directory Order Form

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Postage per directory Quantity ____ x \$5.00 = _____

(no charge if picked up from LCMS offices)

Date _____ **TOTAL** \$ _____

Attn _____

Business Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

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The 2017 Physician Directory contains new members and hundreds of member changes. A limited number of Directories are printed annually and available on a first-come, first-served basis.



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Office use only: M PU

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