

2018 LCMS Membership Directory Order Form

LCMS Member Quantity ____ x \$60.00 = _____

*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 _____

Email _____



The 2018 Physician Directory contains new members and hundreds of member changes. As well as TWO new sections-Groups and PAs/NPs

TO ORDER BY CREDIT CARD Visa or MasterCard

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Expiration Date _____ Billing Zip Code _____
Month/Year

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Office use only: M _____ PU _____

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