

# 2017 LCMS Membership Directory Order Form

LCMS Non - Member Quantity \_\_\_\_ x \$60.50 = \_\_\_\_\_

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 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.



**TO ORDER BY CREDIT CARD**  
 Visa or MasterCard

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Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
Month/Year

Amount \$ \_\_\_\_\_

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Cardholder Signature \_\_\_\_\_

Office use only:    M                      PU

Pd: \_\_\_\_\_ Sent: \_\_\_\_\_

Recd by: \_\_\_\_\_

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