

THE COSTENBADER SOCIETY, INC.

M. EDWARD WILSON, Jr., M.D.
MEDICAL UNIVERSITY OF SOUTH CAROLINA
STORM EYE INSTITUTE, DEPT OF OPHTHALMOLOGY
167 ASHLEY AVENUE, P.O. BOX 250676
CHARLESTON, SC 29425-2236
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wilsonme@musc.edu
PRESIDENT

PAUL R. MITCHELL, M.D.
CHILDREN'S EYE CARE, PC
366 COLT HIGHWAY, ROUTE 6
FARMINGTON, CT 06032
860-409-0449
FAX: 860-409-0551
paulmitchellmd@sbcglobal.net
SECRETARY/TREASURER

2010 INFORMATION and DUES:

1. Member _____
Last Name First Name Initial

2. Spouse _____
Last Name First Name Prof Degree

3. Please complete **ONLY** if there are changes since last year.

Office	Home
_____	_____
_____	_____
_____	_____
_____	_____
Phone _____	_____
Fax _____	_____
E-Mail _____	_____
Website _____	_____

4. The 2010 dues have increased to \$150 per membership vote. Please enclose a check with this form.

5. Our records also indicate you owe back dues (\$100/year) for _____. By-laws state that "after two years of non-payment of dues, membership in the Costenbader Society is forfeited unless payment is made." Please remit payment of \$_____.

6. Please return this form with your check to Paul R. Mitchell, M. D.
Costenbader Society, Inc.
41 Pilgrim Road
West Hartford, CT 06117-2241