



Dr. Watson's Neglected Patients Membership Application/Renewal

Name: _____

Renewals: Check this box if your contact information has NOT changed; otherwise please enter the updated information.

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone: _____

E-mail Address: _____

Annual Dues

- \$10 Individual Member
- \$15 Family Membership
- \$50 Supporting Membership*

*Supporting Members will receive a certificate, be acknowledged at the annual dinner and receive 25% off all event fees

Please pay dues no later than January 31.

Payments can be made by check, credit card,
or Paypal to darlene@foolscap-quill.com.

Send check payable to: Dr. Watson's Neglected Patients
Mail to: D. Cypser
P O Box 1018
Morrison, CO 80465