



*Dr. Watson's Neglected Patients*

*Membership Application*

Name: \_\_\_\_\_

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 of event fees

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

If you wish to pay by credit card or Paypal, e-mail Darlene Cypser  
darlene@foolscap-quill.com to make arrangements.

