



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.

