

NorthWest Louisiana Pediatric Society

2019 Dues Invoice

NWLAPS Annual Dues for Membership 1/1/2019 – 12/31/2019: \$100
Voluntary Contribution – NWLAPS Scholarship Fund: \$ _____

TOTAL ENCLOSED: \$ _____

[Payment Method: Check (Check # _____) Cash Credit Card/Debit Card]

Payment Date: _____

PLEASE FILL IN CONTACT INFO BELOW:

NAME: _____

EMAIL: _____

PRACTICE NAME: _____

MAIL PAYMENTS TO:

NORTHWEST LOUISIANA PEDIATRIC SOCIETY
C/O DR. BORDEN WILSON
2300 HOSPITAL DRIVE, SUITE 120
BOSSIER CITY, LA 71111

RECEIPT FOR 2019 NORTHWEST LOUISIANA PEDIATRIC SOCIETY DUES:

Name: _____ Date of Payment: _____

Amount Paid: \$ _____ Payment Received By: _____

Payment Type: Check (Check # _____) Cash Credit Card/Debit Card