

**The Middle Atlantic Society of Oral
&
Maxillofacial Surgeons**

Annual Membership Dues

Please mail a check in the amount of **\$150.00** for annual dues, payable to MASOMS. Payment is due by **January 20, 2018. No Credit Cards Please.**

Please return to: **MASOMS**
Attn: Ms. Maggie DiJulio
3912 Arbor Crest Way
Rockville, MD 20853

IMPORTANT NOTE: Membership in MASOMS is by individual and not practice. Please include this invoice with payment. Thank you.

Name:

Mailing address: _____

City: _____ State: _____ Zipcode: _____

Telephone: _____ Fax: _____

() Check if this is a new mailing address

MASOMS often communicates through email. Please be sure we have your current email in our database.

E-mail: _____

Membership period: January 1 - December 31, 2018

For further information please contact:

Ms. Maggie DiJulio, Executive Director
Phone: (301) 924-0519
E-Mail Address: masomsdir@verizon.net