## MEMBERSHIP APPLICATION



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□ Ms.	□ Mrs.	□ Mr.	□ Dr.						□ Jr.	□ Sr.		□IV	□V	
First Name Middle Name						Last Name								
Degree	e 🗆 DO	□DPM	□MD	□NP	□PA	□PhD	□RN	□RT	□ Other _					
	ogy (Non-Inva gy, Intervent					//			stration, Interv					
Title							lr	Institution						
Address 1						A	Address 2							
City	City State						Zip Code Country							
Primary	y Phone						E	mail						
ANNUAL MEMBERSHIP RATES						PAYMENT OPTIONS								
☐ Physician – United States \$ 300				00 /			☐ Payment by Check Payable to: CLI Global Society							
□ Phy	sician – In	ternation	al	\$ 5	50				ent by Cred					
□ Fell	ow/Reside	ent/Stude	nt	\$ 5	50			□ Visa	□ Mas	sterCard		Amex	☐ Discover	
□ Alli	ed Health	Professio	nal	\$ 5	50		Ca	ard Num	nber:					
□ Ind	ustry*	stry*			\$ 350		Exp. Date:							
*Full-time employee of medical device/pharmaceutical manufacturers or suppliers of products and/or services to healthcare providers  All memberships renew on January 1 each year						Security Code:								
						Cardholder Name:								
						Signature:								

All memberships renew on January 1 each year

Applications received Jan 1 – Mar 31 will be invoiced 100% of annual dues, expiring Dec 31 of the same year.

Applications received Apr 1 – Jun 30 will be prorated and invoiced 75% of annual dues, expiring Dec 31 of the same year.

Applications received Jul 1 – Sep 30 will be prorated and invoiced 150% of annual dues, expiring Dec 31 of the following year.

Applications received Oct 1 – Dec 31 will be prorated and invoiced 125% of annual dues, expiring Dec 31 of the following year.

