

# Ochsner Fellows' Alumni Association Dues Form

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_ Start Year: \_\_\_\_\_ End Year: \_\_\_\_\_

Sub-specialty: \_\_\_\_\_ Start Year: \_\_\_\_\_ End Year: \_\_\_\_\_

Yes, I would like to become a Lifetime Member of the Fellows' Alumni Association. Lifetime Membership is a \$1,000 one-time gift with only the interest used for Alumni Activities. It also includes membership in the "Fellows' Alumni Society," an exclusive inner circle of the Fellows' Alumni Association.

Yes, I would like to become an Annual Member of the Fellows' Alumni Association. Annual dues are \$50 and membership is current until April of 2003.

Payment Method:

Check Enclosed (Payable to OCF)

Visa  MasterCard  Discover  American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**Print form and enclose with your payment to:  
Ochsner Clinic Foundation, Office of Alumni Activities  
1514 Jefferson Highway, BH 240  
New Orleans, LA 70121**