



**TRUDEAU SOCIETY OF LOS ANGELES
MEMBERSHIP FORM 2017/2018**

Name: _____

AFFILIATION

(Hospital; Fellowship program or School): _____

Mailing Address: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

E-mail: _____

2017/2018 Membership Fees (circle appropriate category)

Physician	\$ 150.00
Allied Health Professionals (RN, RRT)	\$ 100.00
Fellows (<i>with program verification</i>)	\$ 50.00
Students	No Charge
Total (<i>please complete</i>)	\$ _____

Please make checks payable to: BREATHE California of Los Angeles County

CREDIT CARD PAYMENTS:

Visa/MC # _____ Exp. Date: _____ CVV Code: _____

Name on Card: _____

Print Name: _____

Signature: _____

Please return to: **BREATHE California of Los Angeles County**
c/o Trudeau Society of Los Angeles
ATTN: Deborah Maxwell
5858 Wilshire Boulevard, Suite 300
Los Angeles, CA 90036
Phone: (323) 935-8050 x 256
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Please consider contributing an additional tax-deductible gift to support BREATHE LA and the Trudeau Society.

