



HCMS
Harris County Medical Society

**HARRIS COUNTY MEDICAL SOCIETY
CREDIT CARD PAYMENT FORM**

Branch (circle one): Central East North Northwest Southeast Southwest Western

Please Circle the type of Credit Card: Mastercard / Visa / Discover / AMEX

Total Amount Charged: \$_____ \$50 dues assessment for the year
(includes 3 Ethics Branch meetings)

\$40 guest fee per person, per meeting

Credit Card No. _____ Exp. Date: _____

Name as appears on credit card: _____

Name of Attendee(s): _____

Signature: _____

Send Receipt to (if applicable): _____

FAX THIS FORM TO OUR SECURE FAX @ 713-528-0951

***All credit card information is privileged and confidential and
will not be duplicated or distributed in any way.***

<p>For HCMS purposes only:</p> <p>Physician ID#: _____</p>
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