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Date:	Practice Name:		
Contact:			Email:
Address:			
City:		State:	Zip:
Phone:		Fax:	Total Payment:
Select Payment Choice:	\$25	Individual Annual Dues x	<pre>Members = \$</pre>
Joine Lagrangian Care Constitution	\$25	0 Individual Lifetime Dues	s xMembers = \$
\$3,000 Group Lifetime Dues			
\$10 Cancer Patient Navigators of Georgia			
Dues x Members = \$			
Please write all members below legibly or attach a printed roster if more space is required:			
			
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