

How to Renew Your CMS Membership Online

As a Chicago Medical Society member, you may now renew your annual membership online by following these steps:

1) Click on "Login to Renew Your Membership".

2) Log into the site by entering your Primary E-Mail address on file with CMS and CMS Website Password. (If you remember changing your password, please use the new one you created)

CMS Online Store Jpcoming Events Log into CMS Web site	Please provide your e-mail address and passwo If your login information is displayed below, th If you are a visitor and not a registered user, plo	ord to login. en you are already logged in. ease use the New Visitor Registration to register for the site.
Back to CMS web site	Primary E-Mail Address: example@example.com Password:	Log into the CMS Account area by entering your primary email on file with CMS Docs and your password.
	Password:	CMS Docs and your password.

3) Once logged in, you will land on the My Memberships area. Details about your Dues Renewal order are listed in the middle of the page. Click on the Pay Open Orders button to pay your dues. (See below)

My Me	ly Membership mbersh	ips			Details the My on "Pay	regarding you Memberships y open order"	ur membe s page. V link.	rship rene Vhen you	wal will be are ready	e listed on to pay, click
Memberships	My Memb	erships			•					
The section below	displays open o	orders and 1	nvoices that	ore 1 year	Order	order	Total	Trueices that	t are 60 day	Action
Mamban Tuna	Lain	Littoatimo						111111111111111111111111111111111111111	Frimary	ACHOR
Member Type	Join	Effective	Expire	Order#	Status	Date	Iotai	Invoices		V



4) Check the box next to your name. Then click the Next button. (See below)

Select Orders	Payment	Billing Address	Submit				
State	r ay meta	anning ratio cas	Section				
elect Open Orders/Ir	voices						
e following orders/	nvoices are	still open for sele	ected custon	ner(s).			
te : Orders that con	tain donatic	ons can be paid at	t the next ste	ep.			
ote : If the Customer	Purchased	is blank the order	r/invoice is f	or the Bill To Customer	•		
Bill To Customer:	Purchas	ed Customer:	Order Date	Order/Invoice:	Items	Total	Discount
Member Example			11/9/201	3Order 012560 (Dues	2	\$945.25	
N.			27	nenewaly			
Discount Code:			1	Apply Discount Remov	e Discou	nt	

5) Decide how much you would like to contribute to the IMPAC fund. Or, check the Not Today box if you would rather not make a donation at this time. Then click the Next button. (See image below)

lake a Pay	ment						
		>					
Select Orders	Payment	Billing Address	Submit				
Donations							
Nould You Like	To Make A Don:	ation? (If yes, pleas	se select a dor	nation from the	e list below:))	
IMPAC				N	ot Today:		
					T		
© \$200.00 C	\$500.00 C Ot	her Enter Amount	200				
Decide what a	amount you w	ould like to contrib	oute to IMPA	C, or choos	e Not Too	day. <mark>Click</mark> Ne	ext.
							*
						Previous	Cancel



6) Enter your credit card details and then hit the Next button. (See below)

1	>			
elect. Orders	Fayment	Billing Address	Submit	
ise enter your	payment inform	nation below. When fi	inished, click "Next"	button.
yment Infori	nation			
Payment Me	thod: Cre	edit Card 💌	Ĩ	
Credit Card - E Card informatii provided belor This is a Con Card Type: Credit/Debi Card Numb	Enter Credit on in the fields w: porate Card t: er:	AmericanExpress Credit	×	Payment Summary: Total Amount: = \$1,145.25
Card Expira Cardholder	tion Date: 's Name:	January(01) 💌 Dr. Example Mem	2015 -	
ter vour c	redit card i	nformation ther	n hit Next. Rev	view order and hit Submit.

7) Confirm and/or update your billing information. (See below)

Select Orders Payment Billing Address	Submit
Please provide the following billing information. When finished	, click "Next" button.
Billing Information	
■ Bill to Home Address: Edit No primary address or phone available for this customer. United States ⊠ example@cmsdocs.org	 Bill to Work Address: Edit Example Member 1926 Waukegan Road Glenview IL 60025 United States example@cmsdocs.org
Bill to Billing Address: Edit No primary address or phone available for this customer. United States	 Bill to Other Address: No primary address or phone available for this customer. United States example@cmsdocs.org



8) On the final page, you will see a summary of your Dues Renewal purchase. Click on the Purchase button to charge your credit card. Once your renewal order has processed, you will receive a receipt of your purchase(s) via email.

elect. Orders Payme	nt. Billing Address	Submit			
ase review the informat	ion below and submit your p	payment.			
ubmit Payment					
Paid By: Dr. Example Member example@cmsdocs.	org				
Customer:		Ĩ.	Order Date	Order/Invoice:	Items
Dr. Example Member			11/9/2013	Order 012560 (Dues Renewal)	2
		ł.		Total Payment	\$945.25 \$945.25
				Order Balance	\$0.00
Payment Amount: Payment Method: Card Type:	\$945.25 Credit Card AmericanExpress			Char	nae l
Card Number:	********************2247				
Card Expiration Date: Cardholder Name:	Dr. Example Member				
E-mail Confirmation					
Send a confirmation	e-mail to my primary e-mail	address:	ex	ample@cmsdocs.org	
□Send a copy of the	confirmation e-mail to an ad	lditional e-m	ail address:	18 x7562 <u>97.9</u>	
					nan Cimera Second