

Illinois Society of Pathologists Membership Application 2017

Name (Head of Group) _____ Phone: _____
 Group Name : _____ Address: _____
 City: _____
 State: _____ Zip Code _____

Membership

2017 Illinois Society of Pathologists Dues
Check with your head of group to determine whether or not you will be participating in the Group Discount Program

Individual Rates		Group Rates*	
<input type="checkbox"/> Regular Dues	\$175	<input type="checkbox"/> 2-5 in Group 5% reduction*	\$166.25 ea
<input type="checkbox"/> Emeritus Dues	\$0	<input type="checkbox"/> >5 in Group 10% reduction*	\$157.50 ea
<input type="checkbox"/> Out of State Member	\$50	No. in Group _____ x Rate = \$ _____	
<input type="checkbox"/> Resident in Training	\$0	*All pathologists in group must join to receive group rates	
Donation to Advocacy**			
<input type="checkbox"/> Supporter	\$100-\$499	<input type="checkbox"/> Advocate	\$1000-\$1999
<input type="checkbox"/> Contributor	\$500-\$999	<input type="checkbox"/> Benefactor	\$2000 or more

**Your payment will be added to the general funds of ISP's Advocacy fund. Some of these funds might be used for lobbying and/or political campaign activities consistent with ISP's tax status.

- Pay by:
- 1) Fax this form with credit card information back to Pamela Cramer (Executive Director, ISP) 847-556-0352 (information below)
 - 2) Scan the form back to Pamela Cramer pcramer@illinoispathology.org
 - 3) Phone 847-441-7200
 - 4) Mail your check back with this form to ISP, 902 Ash Street, Suite 200, Winnetka, IL 60093

Payment Method (please check one)

American Express MasterCard Visa Check (payable to ISP)

Credit Card # _____ Security Code #: _____
(3 or 4 digit # found on front or back of card)

Name on Credit Card: _____ Expiration Date: _____

Signature: _____ Date: _____

Sponsored by: _____