



Membership Renewal Form 2017

Name _____

Email _____

Phone _____

2017 Illinois Society of Pathologists Dues

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

Individual Rates

- Regular Dues \$175
 Emeritus Dues \$0
 Out of State Member \$50
 Resident in Training \$0

Group Rates

- 2-5 in Group 5% reduction* \$166.25 ea
 >5 in Group 10% reduction* \$157.50 ea
 No. in Group _____ x Rate = \$ _____
 *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"/> Investor \$3000-\$4999 |
| <input type="checkbox"/> Contributor \$500-\$999 | <input type="checkbox"/> Benefactor \$2000-\$2999 | <input type="checkbox"/> Premium Investor \$5000 and up |

**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
- 2) Phone 847-441-7200
- 3) **Mail your check back with this form, to 902 Ash Street, Suite 200, Winnetka, IL 60093**

*** Credit Card Payment Method (please check one)

- American Express Master Card VISA Check

Credit Card # _____ Exp. Date _____

Name on Credit Card _____ Security Code**** _____

Signature _____

****4 digit number on front of American Express card / 3 digit number on back of all other cards

Thank you!

Ron Champagne, MD, ISP President
Robert DeCresce MD, MBA, ISP Immediate Past President