



Membership Renewal Form

Name _____

Email _____

Phone _____

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

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**

Supporter \$100-\$49 Advocate \$1000-\$1999 Investor \$3000-\$4999
 Contributor \$500-\$999 Benefactor \$2000-\$2999 Premium Investor \$4999 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 41 Warrington Drive Lake Bluff, IL 60044**

*** 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!

Kalisha Hill, MD, ISP President

Ron Champagne, MD, MBA, ISP Immediate Past President