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#### Iranian Pathologists Association of North America

#### 2019 Membership Application/Dues Renewal

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| --- | --- | --- | --- |
| **Name** |  | **Credentials** |  |
| **Employer/School** |  | | |
| **Preferred contact** | 🔾 Work | 🔾 Home | |
| **Address** |  | | |
| **City/ State/Zip/Country** |  | | |
| **Phone** |  | | |
| **Fax** |  | | |
| **Email** |  | | |

**Please check a membership category.**

***Member dues year is January 1– December 31. Dues are not prorated.***

* **Champion Member - $500.00**
* **Enthusiast Member - $250.00**
* **Associate Member - $150.00**
* **Resident/Trainee - $50.00 (*Note: Resident dues year is July 1, 2018 – June 30, 2019*)**

**Month/Year of graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Total Enclosed: $ Method of Payment: 🔾 Check # 🔾 Credit Card (Visa / MasterCard/ Discover)

Card # Expiration Date Security Code\_\_\_\_\_\_\_\_\_\_\_\_

Name of Cardholder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_