



California Society of Pathologists ASSOCIATE MEMBERSHIP APPLICATION

Name: _____ Degree: _____

Company: _____

Home Address: _____ Office Address: _____

Home Phone: _____ Work Phone: _____

FAX: _____ Email: _____

MEMBERSHIP CATEGORY

Please check member category for which you are applying.

- \$125 Individual Practice Manager*****
(Practice managers within a single pathology group. Please provide names of two sponsoring Pathologists who are members of CSP.)
- \$250 Practice Management Company**
(Firms that provide billing and consultation services to multiple pathology groups.)

*****Society Sponsors:** Names of two current CSP members in good standing within the practice.

(1) _____
NAME ADDRESS

(2) _____
NAME ADDRESS

PAYMENT METHOD

- Check, payable to CSP
- AMX Visa MasterCard *Credit Cards will be processed under the name "Association"*

Credit Card # : _____ Exp.Date: _____

Three digit number on the back of card (required for processing) _____

Name on Card: _____ Signature _____