



# Associate Membership Application

## Applicant Information

Name:	Degree:
Home Address	Home City, State, and Zipcode
Company:	
Company Address:	Company City, State, and Zipcode
Office Phone	Office Email
Fax No.	Alt Phone No.

## Membership Category

*Please check the member category for which you are applying*

- Individual Practice Manager** **\$125.00**  
*(Practice managers within a single pathology group)*
- Practice Management Company** **\$250.00**  
*(Firms that provide billing and consultation services to multiple pathologists)*

## Payment Method

<input type="checkbox"/> Check, Payable to CSP	Check No.
<input type="checkbox"/> Credit Card	Circle: Visa MasterCard AmerExp
Name on Card:	Card No.
Exp Date:	Sec Code

Signature:

**Please download your completed application then send to [jgray@amgroup.us](mailto:jgray@amgroup.us).**

California Society of Pathologists || One Capitol Mall, Suite 800 || Sacramento, CA 95814  
(916) 446-6001 x117 || (Fax) 444-7462 || [www.calpath.org](http://www.calpath.org)