



Individual Membership Renewal

Select Type: Active \$200 Associate \$50 Resident \$FREE Retired \$50

Please **TYPE/PRINT** and complete **ALL** sections.

Section I – Personal Contact Information

Full Legal Name:	.....	Degree (s):	.....
Home Address:	.....	Home Phone:	.....
Unit/Apt:	.....	Mobile Phone:	.....
City/State/Zip:	.....	Home Email:	.....

Section II – Professional Contact Information

Company/Affiliation:	.....	Department:	.....
Office Address:	.....	Office Phone:	.....
Suite/Building:	.....	Office Fax:	.....
City/State/Zip:	.....	Office Email:	.....

Section III – Please tell us more.

<i>Answer each question by marking Home or Office.</i>	<i>Answer each question by marking Yes or No.</i>
Home <input type="checkbox"/> Office <input type="checkbox"/> Which is your preferred mailing address?	Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a CAP Member?
Home <input type="checkbox"/> Office <input type="checkbox"/> Which would you prefer in the MSP directory listing?	Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a MSMS Member?
Home <input type="checkbox"/> Office <input type="checkbox"/> Which is your preferred email address?	Yes <input type="checkbox"/> No <input type="checkbox"/> Has your contact information changed since last year?

Section IV – Payment Options

An electronic receipt will be sent to your preferred email.

	Amount	
<input type="checkbox"/> A. Membership Renewal The amount due is based on the Membership Type, selected above.	\$	
<input type="checkbox"/> B. Advocacy Donation (Optional) Make a difference. Make a donation. Your contribution is tax deductible and will aid with bolstering the voice of pathologists in the state of Michigan.	\$	
Total Amount Enclosed \$		
C. Method of Payment		
<input type="checkbox"/> Credit Card: Type: <input type="checkbox"/> Visa <input type="checkbox"/> MC	Number:	
Name on Card:	CVV#: Exp. Date:	
Billing Address:	City: State/Zip:	
Signature:	**** For MSP Accounting Use Only ****	
<input type="checkbox"/> MSP Website:	Confirmation#:	Receipt Sent:
<input type="checkbox"/> Check:	VMS Acct#:	Database: