

# IAP

Iowa Association of Pathologists

## 2017 Dues Statement

Name (please print) \_\_\_\_\_

Business or clinic name \_\_\_\_\_

Street or PO Box \_\_\_\_\_

City, Town and Zip Code \_\_\_\_\_

Email\*: \_\_\_\_\_ Phone: \_\_\_\_\_

*\* IAP uses email as a means of communicating important information. Because some health systems filter group emails, some IAP members provide personal email addresses.*

Medical License Number \_\_\_\_\_ License renewal date \_\_\_\_\_

**Please make your check payable to IAP and mail it, with your dues statement, to: IAP, PO Box 513, Altoona, IA 50009**

\_\_\_\_\_ Active member \$100      \_\_\_\_\_ Affiliate member \$100      \_\_\_\_\_ Residents (free)

\*Active members are physicians who have a license to practice in Iowa, who meet educational standards reasonably equivalent to the requirements of the American Board of Pathology and whose primary practice is pathology.

\*\*Any physician or other person with equivalent educational qualifications, not eligible for active or resident membership, who has an interest in pathology shall be eligible for affiliate membership. Affiliate members may serve as members of committees and attend meetings of the association.

**The Iowa Association of Pathologists web site, *iapathologists.org*, includes a member directory. Only your name and address will be published.**

### NOTICE ON TAX DEDUCTIBILITY OF DUES

Professional dues may be deducted as a necessary business expense for federal income tax purposes, but may not be deducted as a charitable contribution.

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### FOR STAFF USE ONLY

Date received \_\_\_\_\_ Dues paid by \_\_\_\_\_ Check # \_\_\_\_\_ Deposit date \_\_\_\_\_