

IAP

Iowa Association of Pathologists

2020 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, 515 E. Locust Street, Suite 400, Des Moines, IA 50309

_____ 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, iopathologists.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.

FOR STAFF USE ONLY

Date received _____ Dues paid by _____ Check # _____ Deposit date _____