

IAP

Iowa Association of Pathologists

2022 Membership Application and Dues Statement

First Name _____ Last Name _____ Designation _____
Organization _____
Business Address _____
City, State, Zip _____
Business Phone _____
Primary Email _____

Please check the box that best describes you.

- Active Membership -\$100.00
(Physician who has a license to practice in Iowa, who meet educational standards reasonability equivalent to the requirements of the American Board of Pathology, and whose primary practice is pathology.)
- Affiliate Membership - \$100.00
(Any physician or other person with equivalent educational qualifications, not eligible for active or resident membership, who has an interest in pathology. Affiliate members may serve as members of committees and attend meetings of the association.)
- Resident Membership - free

Total Payment- \$ _____

Payment Type:

- Check** (payable to Iowa Association of Pathologists)
- Credit Card:** MasterCard Visa Discover AMEX

Credit Card Number _____

Expiration Date _____ Security Code (CVV) _____

Name of Card Holder (Printed) _____

Billing Address _____

Phone Number _____

Signature _____

**To receive an invoice or if you have any questions, please contact:
membership@iowamedical.org**

Notice on Dues Deductibility:

Dues may be deducted as an ordinary and necessary business expense.

**Return form to:
Iowa Association Pathologists
515 E. Locust St. Ste 400
Des Moines, IA 50309**

Internal IAP Use Only:

Check # _____

Date received _____