



Iowa Association of Pathologists

2024 Membership Application and Dues Statement

Name: _____ Organization: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

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 Mary Lyon:
mlvon@iowamedical.org or 515-421-4773.

Notice on Dues Deductibility:

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

Return form to:

Iowa Association of Pathologists
515 E. Locust St. Ste 400
Des Moines, IA 50309

Internal IAP Use Only:

Check # _____

Date received _____