



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.

Answer each question by marking Home or Office.

Answer each question by marking Yes or No.

Home Office Which is your preferred **mailing** address?

Yes No Are you a **CAP** Member?

Home Office Which would you prefer in the MSP **directory** listing?

Yes No Are you a **MSMS** Member?

Home Office Which is your preferred **email** address?

Yes No 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

Credit Card: Type: Visa MC Number: _____
 Name on Card: _____ CVV#: _____ Exp. Date: _____
 Billing Address: _____ City: _____ State/Zip: _____
 Signature: _____

| | |
|---------------------------------------|---------------------|
| **** For MSP Accounting Use Only **** | |
| Confirmation#: _____ | Receipt Sent: _____ |
| VMS Acct#: _____ | Database: _____ |

MSP Website: _____
 Check: _____