



Society for Hematopathology

SOCIETY FOR HEMATOPATHOLOGY

Attn: Nilda Barrett

33 W. Monroe, Ste. 1600

Chicago, IL 60603

Phone: 312-541-4999

2017 Annual Membership Dues Invoice

Name: _____

Title: _____

Institution: _____

Address: _____

E-mail address: _____

PLEASE CHECK APPROPRIATE MEMBERSHIP CATEGORY:

_____ FULL MEMBER - \$100.00

_____ SUSTAINING MEMBER - \$150.00

_____ ASSOCIATE MEMBER - FELLOWS AND RESIDENTS - \$25.00

_____ HONORARY OR EMERITUS (No payment due)

PAYMENT INFORMATION:

Dues: \$_____ Payment by _____ Check OR _____ Credit Card (Checks should be made payable to Society for Hematopathology)

Card Number _____ Exp _____

Name on Card: _____

Signature: _____