## SOUTH CAROLINA SOCIETY OF PATHOLOGISTS GROUP MEMBERSHIP

Group memberships are 20% off regular membership costs when the entire practice (all employed physicians) apply for membership. Please complete the form below and submit with one check to the address provided.

## **OFFICE DATA:**

OFFICE NAME:			
OFFICE MANAGER NAME:			
OFFICE ADDRESS:			
E-MAIL ADDRESS:			
OFFICE PHONE:			

**PHYSICIAN DATA:** 

FIRST & LAST NAMES: Please add type of membership after name - Active, Associate, or Resident Associate.

## **DIRECTIONS:**

- 1. Complete this group membership form.
- 2. Complete a Membership Application Form for each person applying for membership.
- Membership Fees for applicants for Active or Associate Memberships: Fees are \$200.00 per applicant, less than 20% of total costs. (example: 5 new members (5 X 200 = \$1,000 minus 20% = \$800.00) There is no cost for Resident Associates.
- Mail applications and checks to: South Carolina Society of Pathologists. 132 Westpark Blvd, Columbia, SC 29210.