

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 NAME:

OFFICE MANAGER NAME: _____

OFFICE ADDRESS:

E-MAIL ADDRESS:

OFFICE PHONE: _____

FIRST & LAST NAMES:

Please add type of membership after name - Active, Associate, or Resident Associate.

[illegible]

DIRECTIONS:

1. Complete this group membership form.
2. Complete a Membership Application Form for each person applying for new membership. [Membership – SCSP](#)
3. Fees:

Active Memberships:

Fees are \$200.00 per applicant, less 20% of total cost.

(example: 5 new members (5 X 200 = \$1,000 minus 20% = \$800.00)

Academic Applicants: Fees are \$100.00 per applicant, less 20% of total cost.

Associate Applicants: Fees are \$50.00 per applicant, less 20% of total cost

Resident Associate Members: Free.

4. Mail applications and checks to:
South Carolina Society of Pathologists.
132 Westpark Blvd, Columbia, SC 29210.