

**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.
