

MEMBERSHIP APPLICATION OR RENEWAL

Mail or Fax to: Lanee Ruth Trout, CPC (AAPC)
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FAX: 304-293-2925
or email to: WVAPathologists@gmail.com



Title **First Name** **Last Name**

Street Address

City **State** **Zip Code**

E-Mail Address **Phone Number**

Board Certification **Specialty**

I hereby agree to abide by and uphold the ethics and objectives of this Association and to abide by and uphold the Constitution and By-Laws of this Association.

Membership Categories

- Fellow Member - \$50
- Junior Member - Waived
- Associate Member - \$50

FORM OF PAYMENT

- CREDIT CARD
- CHECK
- CASH

At this time all payments are processed through PayPal. An invoice will be sent to the e-mail address above.

Checks should be made payable to WEST VIRGINIA ASSOCIATION OF PATHOLOGISTS and returned with application to the address above.