



WASHINGTON STATE SOCIETY OF PATHOLOGISTS
APPLICATION FOR MEMBERSHIP RENEWAL 2017

DATE of APPLICATION: _____

NAME and TITLE(s): _____

PREFERRED ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

[] Check box if you do not want your WSSP membership information shared with CAP

MEMBERSHIP STATUS:

Table with 3 columns: Active MD (\$150.00), Resident (\$45.00), Pathology Assistant (\$75.00)

[] I would like to contribute to the WSSP : \$ _____

[] Please round up my membership dues to \$200.00 and donate \$50.00 to lobbying efforts (2017: balanced billing)

SIGNATURE: _____

Please submit \$150.00 dollar application fee, resident fee of \$45.00 or Pathology Assistant fee of \$75.00. Dues are billed annually after your acceptance of membership. Please return this form to:

WSSP 2001 Sixth Ave. Ste 2700 Seattle, WA 98121 www.wsspath.org
Phone: 206-956-3624 Fax: 206-441-5863 Email: LMK@WSMA.ORG

[] Enclosed is my check for payment Visit us online to pay by credit card: www.wsspath.org

Check # _____

In most cases, a portion of the WSSP dues may be deductible for tax purposes as professional or business expenses. For your records, please note that the Revenue Reconciliation Act of 1993 states that association dues used for lobbying activities are not deductible as a business expense. As a result, \$50.00 of your WSSP dues for 2017 cannot be deducted as a business expense for federal income tax purposes.