



2020 Corporate Membership Application
(January 1, 2020 – December 31, 2020)

Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Website: _____

Contact Name: _____

Alternate Contact: _____

Address if different than above: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Phone: _____

Email: _____

Corporate Membership Benefits:

- \$2,250 • (1) Exhibit table with up to 4 representatives at the Annual Meeting
• Announcements /Advertising to PAP members (3 per year)
• Company logo and link on the PAP website
• Company logo included in member communications
• Copies of email to active members

Payment Information: Mail check made payable to PA Association of Pathologists or PAP

Discover MasterCard Visa Card # _____

Exp. Date: _____

Security Code: _____

Cardholder's Name: _____

Billing Address: _____

Authorized Signature

Date

Print Name

Title

For meeting specific questions, visit our Meeting and Events page on our website at www.papath.org.