



2021 Corporate Membership Application
(January 1, 2021 – December 31, 2021)

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) Virtual 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.