

**MAIL THIS FORM AND YOUR CHECK DIRECTLY TO:**  
**RPS Treasurer - Kuang-Yu Jen**  
**UC Davis School of Medicine**  
**4400 V Street, Suite 1224**  
**Sacramento, CA 95817**



**CHECKS MUST BE MADE OUT TO "RENAL PATHOLOGY SOCIETY"**

**MEMBER INFORMATION**

*Please provide all information*

<b>Name</b>	<b>Email</b>	<b>Phone</b>
<b>Address</b>		

**MEMBERSHIP DUES**

REGULAR MEMBER (95.00 USD)	FOR YEAR 20__
SUSTAINING MEMBER (135.00USD)	
REDUCED FEE MEMBER (35.00 USD) <i>(Available only for members in underdeveloped countries)</i>	
2 YEARS - REGULAR MEMBER (190.00 USD)	FOR YEARS 20__ & 20__
2 YEARS - SUSTAINING MEMBER (270.00 USD)	
2 YEARS - REDUCED FEE MEMBER (70.00 USD)	
JUNIOR / EMERITUS MEMBER (DUES-FREE) <i>Please initial here to confirm that you are eligible for dues-free membership</i> _____	

**DONATIONS TO AWARDS**

*(Choose all that apply)*

PIRANI TRAVEL AWARD	\$25	\$50	\$75	\$100	OTHER _____
POSTERS AWARD	\$25	\$50	\$75	\$100	OTHER _____
CHURG AWARD	\$25	\$50	\$75	\$100	OTHER _____
STRIKER AWARD	\$25	\$50	\$75	\$100	OTHER _____

TOTAL PAYMENT ENCLOSED \$ \_\_\_\_\_ USD

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*