



MAIL THIS FORM AND YOUR CHECK DIRECTLY TO:

Lois Arend, MD - RPS Treasurer
 Johns Hopkins Hospital - Department of Pathology
 600 North Wolfe St., Pathology 709
 Baltimore, MD 21287 USA

CHECKS MUST BE MADE OUT TO "RENAL PATHOLOGY SOCIETY"

MEMBER INFORMATION

Please provide all information

Name	Email	Phone
Address		

MEMBERSHIP DUES

REGULAR MEMBER (85.00 USD)	FOR YEAR 20____
SUSTAINING MEMBER (125.00 USD)	
REDUCED FEE MEMBER (25.00 USD) <i>(Available only for members in underdeveloped countries)</i>	
2 YEARS - REGULAR MEMBER (170.00 USD)	FOR YEARS 20____ & 20____
2 YEARS - SUSTAINING MEMBER (250.00 USD)	
2 YEARS - REDUCED FEE MEMBER (50.00 USD)	
JUNIOR / EMERITUS MEMBER (DUES-FREE) Please initial here to confirm that you are eligible for dues-free membership _____	

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