



University of Michigan Pathology Alumni Society

Ann Arbor, MI 48109

2020 Dues Notice or Application for New Membership—Only use this form if paying by check.

NAME: _____

INSTITUTION: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

AFFILIATION WITH U/M: (Select One)

Faculty

Resident

Fellow

PERIOD OF AFFILIATION: _____

HOME ADDRESS: _____

HOME or CELL PHONE: _____

Dues are \$50.00 for 2020. Please make check payable to AJF/UMPAS and mail dues notice or application to:

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Michigan Medicine
University of Michigan
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www.pathologymed.umich.edu/a-james-french-society-of-pathologists

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