



# Membership Form

## Member contact information:

Last, First Name

Institution

Address (Street, Apt)

State/Province

ZIP Code

Phone

e-mail

Country of origin and current position (optional)

### Membership types and Annual dues

#### Junior Member

**Residents or Fellows** (inside the U.S.)

\$25

**International Residents** (outside the U.S.)

Free

**Active Member** (inside the U.S.)

\$50

**International active member** (outside the U.S.)

\$25

**Donation for the Mario A. Luna Award** (Active members only)

\$

Voluntary Contribution

\$

Total

\$

For new/renewal membership, please complete this form and:

- Make a payment via **PayPal** in the LAPF website ([www.latampath.org](http://www.latampath.org)) and send the form to [lapfmail@gmail.com](mailto:lapfmail@gmail.com); **or**
- Send the form along with a check or money order addressed to:  
Andres Matoso, MD  
Latin American Pathology Foundation  
401 N. Broadway, Weinberg 2242  
Baltimore, MD, 21231

**WELCOME to the LAPF and THANK YOU for your support!**