E-mail: support@pacesep.org

MEMBERSHIP APPLICATION

First Name: _____ Middle Name: _____ Last Name: _____

Degree 1: _____ Degree 2: _____

Hospital: _____

Department: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Telephone: _____

Fax: _____ E-mail: _____

Status:

○ Full member	$300
○ Trainee/Fellow	$25
○ Associated Professional (Lab Techs, Nurses, etc.)	$100
○ Affiliate (Industry, SADS)	$300
○ International member	$100

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- ○ $25
- ○ $50
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Return application with payment in the form of credit card, check or money order in U.S. funds. **Checks or money orders must be drawn on a U.S. Bank.** Make checks payable to **PACES** and mail to above address.

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