

Binford-Dammin Society of Infectious Disease Pathologists Membership Application

NAME: _____
Affiliation: _____
Address: _____
City/State/Zip: _____
Telephone: _____ Area Code: _____ Number: _____
Fax: _____
Email: _____

NOTE: Please PRINT or TYPE all information.

DUES

Member	\$ 20.00
Associate Member (still in training)	Waived
A letter to the Secretary/Treasurer confirming your training status must be included with this form.	
Lifetime Member (new)	500.00

Mail To: Jeanette Guarner, MD
Binford-Dammin Society Secretary/Treasurer
Dept of Pathology and Laboratory Medicine
Egleston Hospital
1405 Clifton Road
Atlanta, GA 30322

(404)-712-2631
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*We look forward to seeing you at the next USCAP and
Binford-Dammin Society Meeting*