



PLEDGE OF MEMBERSHIP

NAME :

ORGANIZATION :

STATUS:

TYPE OF MEMBERSHIP : SELECT ONE

REGULAR MEMBERSHIP

JUNIOR MEMBERSHIP

ADDRESS :

CITY :

STATE :

ZIP CODE :

CELL PHONE NUMBER:

OFFICE PHONE NUMBER:

E-MAIL ADDRESS:

FAX :

WEBSITE :

The ISOPath symbolizes the highest standards in the teaching of, research in, and practice of Oncopathology. In accepting membership in the ISOPath I agree to foster and advance the principles and objectives and to abide by the decision of the Executive Committee and the constitution and bylaws of the Association.

Also, I certify that the information provided below is correct to the best of my knowledge.

Signature

Regular member:

Please mail completed application form to:

International Society of Oncopathology 4116, Broad Oaks Drive, Thunder Bay, Ontario, Canada, P7J 1A7