



## FSP Dues Installment Form

If you are requesting to pay your membership dues in 3 installments (June 1, August 1, October 1) complete the form below and follow the instructions to return the completed form to the FSP.

### Dues Fees:

Member Type	Member Fee
Regular Member	\$450
Corresponding Member	\$350
New Practitioner Member	\$300

### Contact Information

Member Name	
Member Email	
Member Phone	
Dues Payment <i>Please select option:</i>	<input type="checkbox"/> I would like to pay my normal dues in 3 installments <input type="checkbox"/> I would like to receive a 10% discount and pay in 3 installments

### Payment Information

Credit Card Number	
Expiration Date*	
Security Code	
Name on Card	
Billing Address	
Billing City, State, Zip	

\*Credit card must have an expiration date after November 2020.

### Member Signature

By signing, I authorize the FSP to charge my card on June 1, August 1 and October 1 for my membership dues in three equal installments.

Return completed form by fax to 904-677-7843 or mail completed form to the FSP office below:

**Florida Society of Pathologists**  
**6816 Southpoint Parkway, Suite 1000**  
**Jacksonville, Florida 32216**