

LATIN COMPARATIVE PATHOLOGY GROUP

ANNUAL MEMBERSHIP APPLICATION

Please fill out this document and e-mail it to Vinicius.carreira@gmail.com **and** cldavisdvm@comcast.net



NAME: _____

ADDRESS: _____

PHONE/FAX: _____

COUNTRY OF ORIGIN: _____

E-mail: _____

LANGUAGES: _____

DEGREE(S) & CERTIFICATION(S)

___DVM ___PhD ___MS ___MD ___DACVP ___ASVCP ___POST-DOC ___Other: _____

SPECIALTY & AREA(S) OF INTEREST: _____

SUGGESTIONS & COMMENTS: _____

Payment Information:

Credit Card

Type: (Visa, MasterCard, etc.) _____

Credit Card Number: _____ Expiration Date _____ Security Code (on back of card) _____

Amount _____

Check

Bank Name and Address _____

Name of Check Holder _____

Address of Check Holder _____

Phone Number of Check Holder _____

Check Number _____ Amount _____

NOTE: All checks are payable to "CL Davis," but please write "LCPG" in bottom left-hand corner of check.

Other Payment - Please include the payer's name, address, and phone number; payment type, and confirmation / tracking codes (if necessary)

ALL PAYMENTS must be mailed to:

Dr. Vladislava Rac - 6241 Formoor Lane Gurnee, IL 60031

Dr. Rac's phone number is 847-367-4359, and email is cldavisdvm@comcast.net

FEES SCALE*:

-\$40--professionals, U.S., Canada, & Europe

-\$20--professionals in Latin America

-\$20--Students in U.S., Canada, & Europe

-\$10--Students in Latin America

***Contributions above the minimum values are encouraged and welcome!**

Industry Funds-Matching

If your company will match the amount of funds you will donate to the LCPG, submit your payment to CLDavis. Once you get a receipt for fees paid, contact your company for their particular funds-matching procedure.

Thank you for interest in joining and supporting the LCPG!