

Houston Society of Clinical Pathologists

1515 Hermann Drive
Houston, TX 77004-7126
713-524-4267 ext. 224

Annual Houston Society of Clinical Pathologists Dues \$200

By submitting this renewal form, I authorize the Houston Society of Clinical Pathologists (HSCP) to charge the credit card listed below for annual HSCP membership dues. The charge will appear on my credit card statement as Texas Medical Association (TMA) and the statement will act as a receipt. HSCP will notify me of any dues changes and will automatically renew my membership for the following year. The process will be repeated at the end of each membership year. My signature authorizes the Houston Society of Clinical Pathologists to continue to charge your credit card per the terms above.

At any time you may resign from HSCP. A resignation must be received in writing via email, fax or mail.

You agree to inform Houston Society of Clinical Pathologists of any changes made to your credit card, such as a change in account. If HSCP is unable to successfully make a charge to your credit card, HSCP will contact you to make any changes or corrections to your record. If your record is not updated by December 31 of the billing year, this agreement will be considered void, and your membership will be delinquent.

I agree to the above terms to automatically renew my membership dues in Houston Society of Clinical Pathologists.

Please complete and return this form. Fax to our secured fax at 713-528-0951.

Physician Name _____ Phone Number _____

Preferred Email _____

Note: This email will receive all notifications regarding annual dues billing.

Credit Card Number _____ **MC/DC/VISA/AMEX (Circle One)**

Expiration Date _____ Name on Card _____

Signature _____ Date _____