



Association for Pathology Informatics

PO Box 90319, Pittsburgh, PA 15224
membership@pathologyinformatics.org

Premium Teaching Institutional Membership (41-60 members) Application & Invoice (July 1, 2018 – June 30, 2019)

Teaching Institution Information

Institution: _____
Department: _____
Address: _____
City: _____, State: _____ Zip: _____ Phone: _____
URL: _____

Department Chair

Name: _____
Degree(s): _____
Position: _____
Tel: _____
Email: _____

Residency/Fellowship Program Director

Name: _____
Degree(s): _____
Position: _____
Tel: _____
Email: _____

Residency/Fellowship Program Coordinator

Name: _____
Degree(s): _____
Position: _____
Tel: _____
Email: _____

Please provide the name, degree(s), position, and email address for each additional member (up to 60 total members per institution)

Additional Members (4-60)

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Tel: _____
Email: _____

Name: _____
Degree(s): _____
Position/Title: _____
Tel: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

Name: _____
Degree(s): _____
Position: _____
Email: _____

**Please see next page for member benefits and
payment information.**

Benefits for Premium Teaching Institution Members (41-60 members):

Teaching Institution Membership is available to all **ACGME accredited pathology training programs** and to **informatics departments** at universities and teaching hospitals. Membership is inclusive of the Department Chair, Residency/Fellowship Program Director, Residency/Fellowship Program Coordinator or designated administrative contact, and all interested full time faculty, residents, fellows, interns, postdoctoral scholars, doctoral and graduate students. Each institution should designate two primary contacts (for example: Department Chair or Residency/Fellowship Program Director, and Residency/Fellowship Program Coordinator for billing/renewal purposes). Each individual member will be listed in the API Member Directory and will have access to post to the API listserv. All teaching institution members will have access to the members' only areas of the API web site.

- Access to the API members' only web site which includes all past PI Summit/APIII meeting recordings (where available) and PIER Educational content, post to the API listserv, and access to the API member directory and message boards.
- Teaching Institution members receive a discount off full registration with special discounts for residents and fellows under the teaching membership. (\$500 for faculty and staff - \$450 off \$950 and \$250 for residents and fellows - \$200 off \$450)
- Eligible to serve on API committees.
- Twice yearly use of the API eblast service to API web site contacts (approximately 6,000 valid email contacts) to promote your events or products.
- Discounts on publications fees for articles accepted to the Journal of Pathology Informatics.
- Free to post jobs to the API jobs board.
- Recognition on the API web site with your institution's, organization's or company's logo displayed on the API web site with a brief description and link to your web site.
- Department Chair, Program Director, and faculty members are eligible to serve on API Council and to vote in annual API elections.

Renewal Dates* (July 1 – June 30)

Dues for Premium Teaching Membership:

\$2000 annually (41 to 60 members)

New Member Renewing Member

Payment Information

If paying by check please complete form and mail to: Association for Pathology Informatics, PO Box 90319, Pittsburgh, PA 15224

Make checks payable to Association for Pathology Informatics

To pay by credit card, please complete the online application on the API web site

www.pathologyinformatics.org