



PAN AMERICAN SOCIETY FOR CLINICAL VIROLOGY

MEMBERSHIP FORM

Please type or print all information

Member's Name _____ Degree: _____

Organization or Hospital Affiliation:

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail: _____

PLEASE CHECK ONE

Renewal of Membership _____ \$25 New Member _____ \$25

Members from U.S. and Canada:

Please make checks (U.S. dollars only) payable to PASCV.

Members outside of the U.S. and Canada:

PASCV can now accept VISA and MasterCard. Please include your card number, expiration date, and signature.

VISA/MasterCard number: _____ Expiration date: _____

Signature: _____

Return completed form with check or credit card information to:

Danny L. Wiedbrauk, Ph.D.
Secretary-Treasurer PASCV
Virology and Molecular Biology
Warde Medical Laboratory
300 W. Textile Road
Ann Arbor, Michigan 48108
Email: dwiedbrauk@wardelab.com
Phone: 734-234-0339
Fax: 734-234-0399