



# New York State Society of Pathologists

355 Hadley Drive  
Trumbull, CT 06611

## MEMBERSHIP APPLICATION/RENEWAL

Name: \_\_\_\_\_  

First
Middle or Initial
Last
Degree

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Applications are accepted subject to the provisions of the Society's constitution and by laws and therefore require approval by the council and acceptance by the membership. Candidates for membership will receive the Bi-Annual Report. The membership dues which must accompany this application will be applied to the calendar year in which the application is presented to the membership.

- I am applying for full, regular membership and enclose \$150 for my first year's dues.
- I am renewing my membership and enclosing \$150 (regular member) or \$25 (resident/fellow) for my annual dues.
- I am applying for resident or fellow status and enclose \$25 for my first year's dues. I expect to graduate in 20\_\_\_\_ and have enclosed a letter from my Program Director attesting to my Resident or Fellow status.

- I have attached a copy of my current curriculum vitae.
- OR**
- I have completed the section on education, professional appointments and certification on the following page.

- I am interested in representing New York in the CAP House of Delegates or Resident's Forum.
- I can serve as a legislative contact to: \_\_\_\_\_
- Do NOT include my name, city and state in publicly distributed membership listings.

*I hereby agree to abide by the constitution and by-laws of the New York State Society of Pathologists and I pledge myself to the highest standards in the practice of pathology.*

\_\_\_\_\_ Date

\_\_\_\_\_ Candidate's Signature

Mail completed application and membership dues to  
 NYSSPath • 355 Hadley Drive • Trumbull, CT 06611

**It is NOT necessary to complete this section if you have attached your CV**

**PREMEDICAL EDUCATION**

College or University	Degree Received	Year
College or University	Degree Received	Year

**MEDICAL EDUCATION**

College or University	Degree Received	Year
College or University	Degree Received	Year

**RESIDENCY & FELLOWSHIPS**

Institution	Specialty or Subspecialty	Year
Institution	Specialty or Subspecialty	Year
Institution	Specialty or Subspecialty	Year

**BOARD CERTIFICATION**

Specialty or Subspecialty	Certifying Board	Year
Specialty or Subspecialty	Certifying Board	Year
Specialty or Subspecialty	Certifying Board	Year

**APPOINTMENTS: HOSPITAL & TEACHING**

Institution	Rank or Title	Since (year)
Institution	Rank or Title	Since (year)
Institution	Rank or Title	Since (year)

**LICENSURE**

State	License Number	Since (year)
State	License Number	Since (year)

**MEMBERSHIPS**

- College of American Pathologists
- American Society of Clinical Pathologists
- International Academy of Pathology
- Medical Society of the State of New York
- American Medical Association
- Other: \_\_\_\_\_

**SPECIAL INTERESTS**

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