



New York State Society of Pathologists

355 Hadley Drive
Trumbull, CT 06611

MEMBERSHIP APPLICATION

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 Quarterly Report and will be eligible for reimbursement per current policy if chosen to represent the Society at the CAP House of Delegates or Resident's Forum. 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 \$125 for my first year's dues.

OR

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
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College or University	Degree Received	Year
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MEDICAL EDUCATION

College or University	Degree Received	Year
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College or University	Degree Received	Year
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RESIDENCY & FELLOWSHIPS

Institution	Specialty or Subspecialty	Year
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Institution	Specialty or Subspecialty	Year
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Institution	Specialty or Subspecialty	Year
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BOARD CERTIFICATION

Specialty or Subspecialty	Certifying Board	Year
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Specialty or Subspecialty	Certifying Board	Year
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Specialty or Subspecialty	Certifying Board	Year
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APPOINTMENTS: HOSPITAL & TEACHING

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

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

- | | |
|--|---|
| <input type="checkbox"/> College of American Pathologists | <input type="checkbox"/> Medical Society of the State of New York |
| <input type="checkbox"/> American Society of Clinical Pathologists | <input type="checkbox"/> American Medical Association |
| <input type="checkbox"/> International Academy of Pathology | <input type="checkbox"/> Other: _____ |

SPECIAL INTERESTS _____
