



MINNESOTA SOCIETY OF PATHOLOGISTS

APPLICATION FOR MEMBERSHIP

I hereby make application for membership in the Minnesota Society of Pathologists. If elected to membership, I agree to abide by all the rules and regulations of the Constitution and Bylaws of the Society.

NAME _____

OFFICE ADDRESS _____

Street City State Zip

OFFICE PHONE _____

E-MAIL ADDRESS _____

Medical Education: Year of Graduation _____

School _____

Training in Anatomic Pathology: Yes/No **Clinical Pathology:** Yes/No

Institution _____

Years _____

Subspecialty training: Yes/No Institution _____

Subspecialty Area: _____ Years _____

Board Certification: Yes/No Date _____

MN Medical License # _____

Teaching Appointment: Yes/No Site _____

Hospital Appointment _____

Other Medical Society Memberships _____

Signature _____

Date _____

Recommended by: (Legible signatures of two current members of MSP **REQUIRED**).

1. _____

Signature

Printed Name

2. _____

Signature

Printed Name

Elected: _____ Date: _____

Please return this form with a copy of your CV and **\$150 check*** for dues to:

Minnesota Society of Pathologists
P.O. Box 24475
Minneapolis, MN 55424
Phone: (952) 929-9398 Fax: (952) 929-4363

***Active Member** Dues Rate for Calendar-Year 2008. **Retired Member** Dues Rate for 2008 = \$25.