



## 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 \_\_\_\_\_

Please return this form with a copy of your CV and **\$175 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 \$175. **Retired Member** Dues Rate = \$25.

