



APPLICATION FOR MEMBERSHIP

Name (Last, First, Middle)		Suffix (eg. M.D.)		Date of Birth	
Home Address					
Home City, State, Zipcode					
Home Phone			Email address		
Company Name and Address					
Company City, State, Zipcode					
Office Phone			Office email		
Fax #		Citizen of <input type="checkbox"/> US <input type="checkbox"/> Canada		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
If you are in a group practice, please provide the name of the group and director or managing partner					

Colleges Attended		Degrees	
Medical School(s)		Degrees	
Residences in Pathology			Dates: From: To:
Present Hospital Appointments			Dates: From: To:
Other Graduate Studies:			

Please check the membership category for which you are applying:

- Active Member - I am a certified pathologist currently practicing full-time in California. \$295.00
- Corresponding Member - I am a certified pathologist currently practicing outside of California. \$125.00
- Resident Member - I am a physician currently enrolled in training programs leading to certification by the American Board of Pathology (free) \$0.00
- Retired Member - I am a physician but have retired from practice..... \$50.00

PLEDGE OF MEMBERSHIP:

The California Society of Pathologists symbolizes the highest standards in the teaching of, research in, and practice of pathology. In accepting membership in the California Society of Pathologists, I agree to foster and advance the principles and objectives and to abide by the decisions of the Executive Committee, the Constitution and By-Laws of the Society, and the Principals of Ethics of the American Medical Association.

Also, I certify that the information given above is correct to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE

CREDIT CARD PAYMENT INFORMATION:

Please check the membership category for which you are applying:

Active Member - I am a certified pathologist currently practicing full-time in California
\$295.00

Retired Member - I am a physician but have retired from practice.
\$50.00

Corresponding Member - I am a certified pathologist currently practicing outside of California.
\$125.00

Name on credit card _____

Credit Card # _____

Expiration Date (MMYY) _____ Security Code _____

Billing Zip Code _____

Signature _____

You can also pay with a credit card by phone.
Have your payment information ready and call us at (916) 446-6001, extension 120.