



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. \$270.00
- Corresponding Member** - I am a certified pathologist currently practicing outside of California. \$100.00
- 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
\$270.00

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.
\$100.00

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.