



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

*Active Member Dues: \$175. Retired Member Dues: \$25.