



2001 Sixth Avenue, Suite 2700 Seattle, WA 98121

APPLICATION FOR MEMBERSHIP

Date of Application: _____

Name: _____
(First) (Middle) (Last)

Preferred/Mailing Address: _____
(Street) (City/State) (Zip)

Preferred Phone Number: _____ Preferred e-Mail Address: _____

Work Address: _____
(Street) (City/State) (Zip)

Present Position: _____

General Medical Education, Residencies, and Internships: (list schools and hospitals, years which attended or served, degrees received)
School/Hospital Years/ Degree

Details of Special training and experience in Pathology:

Are you certified by the American Board of Pathology? _____ Year: _____ Specialty: _____

Are you certified by the Royal College of Physicians & Surgeons of Canada? Year: _____ Specialty: _____

Do you Limit your practice to Pathology: Yes _____ No _____ Clinical pathology: Yes _____ No _____

Other: _____

Signature: _____

Attach a copy of your current Curriculum Vitae

NOTE: Completed application forms must be accompanied by a check or money order for the checked amount (US funds). This serves as entrance fee and dues for the current year in which applicant is applying.

- Enclosed is my check for payment Please charge my Visa or MasterCard
- Active Member (\$300/3 years):** Physician/physicist in full time practice of pathology & certified by the American Board of Pathology or Royal College of Physicians & Surgeons of Canada
- Associate Member (\$300/3 years):** Physician/pathology assistant/other in full time practice of pathology & not certified.
- Pathology Asst./Trainee (\$150/3 years):** Individual in good standing in a pathology assistant training program
- Resident: (\$75/3 years; included all CME meetings)** Person occupying a residency or fellowship program in Pathology, or one of its recognized subspecialties

Name on card: _____

Billing Address and Zip code _____

Credit Card # : _____ Exp. Date: _____

Please return completed application along with payment to:

PNWSP
2001 Sixth Avenue, Suite 2700
Seattle, WA 98121

Fax: (206) 441-5863
Email: ddw@wsma.org
Questions? (206) 956-3642

PLEASE RETURN TO: PNWSP

**2001 Sixth Avenue, Suite 2700
Seattle, WA 98121
Phone: (206) 441-9762
Fax: (206) 441-5863
Email: ddw@wsma.org**