



Wisconsin Society of Pathologists

Membership Renewal 2022-2023

Membership Year: July 1, 2022 - June 30, 2023

Member Information

Full Name _____ Credentials _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Membership Selection

- Active - \$125** Graduate of an approved allopathic or osteopathic medical school and board certified in anatomic or clinical pathology by the American Board of Pathology or the American Osteopathic Board of Pathology. May vote, hold office and serve on committees.
- Associate - \$125** Physician or non-physician scientist in a field allied to Pathology who does not qualify as an Active Member. May be appointed to committees, but may not vote or hold office.
- Resident - \$0** Graduate of an approved allopathic or osteopathic medical school who is a resident in a training program certified by the Liaison Committee on Graduate Medical Education. Resident membership automatically terminates the year following training in Pathology, or after a total of six (6) years of training, whichever occurs first. May vote, hold office and serve on committees.
- Retired - \$0** A retired physician or non-physician scientist in a field allied to Pathology.

Please fill out the following if you are a NEW MEMBER:

Academic Training

School _____

City/State/Country _____

Start (Mo/Yr) / Finish (Mo/Yr) _____ / _____ - _____ / _____

Degree _____

Residency

Hospital _____

Physician Director _____

Start (Mo/Yr) / Finish (Mo/Yr) _____ / _____ - _____ / _____

Hospital _____

Physician Director _____

Start (Mo/Yr) / Finish (Mo/Yr) _____ / _____ - _____ / _____

Internship

Hospital _____

Start (Mo/Yr) / Finish (Mo/Yr) _____ / _____ - _____ / _____

Certification

Clinical Pathology (Date) _____

Pathologic Anatomy (Date) _____

Other (Date) _____

WI License # _____ Exp Date _____

Appointments

Hospital _____ Date _____

Hospital _____ Date _____

Hospital _____ Date _____

Payment Information

Total Amt Enclosed \$ _____ Check # _____ Credit Card (Visa / Mastercard / Discover / AmEx)

Card # _____ Ex Date _____ Sec Code _____

Name _____ Signature _____

Please return completed form and payment to:

Wisconsin Society of Pathologists (WSP) • 563 Carter Court, Suite B, Kimberly, WI 54136
Email: WSP@badgerbay.co • Fax: 920-882-3655