



# Wisconsin Society of Pathologists

## Membership Renewal 2021-2022

Membership Year: July 1, 2021 - June 30, 2022

### 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