



WASHINGTON STATE SOCIETY OF PATHOLOGISTS
APPLICATION FOR MEMBERSHIP

DATE of APPLICATION: _____

NAME and TITLE(s): _____

PREFERRED ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

MEMBERSHIP STATUS YOU ARE SEEKING (please circle one):

Active MD Resident

GENERAL MEDICAL EDUCATION AND INTERNSHIPS:
(schools, hospitals, dates and degrees) Please include a copy of your CV

- 1. _____
2. _____
3. _____
4. _____

DETAILS OF SPECIAL TRAINING & EXPERIENCE IN PATHOLOGY:

MEDICAL SOCIETIES OF WHICH YOU ARE A MEMBER:
(local, state, national)

PATHOLOGY SOCIETIES OF WHICH YOU ARE A MEMBER:
(local, state, national)

DIPLOMATE OF BOARD: _____ SPECIFY: _____

Do you limit the majority of your practice to Pathology? _____

List any specific medical interests (particular committee interest or areas).

SIGNATURE: _____

Please submit \$95.00 dollar application fee or resident fee of \$45.00. Dues will be billed annually after your acceptance of membership. Please return this form to:

Linda Krause
Association Executive - WSSP
2033 Sixth Avenue, Suite 1100
Seattle, WA 98121

Phone: 206-441-3624
Fax: 206-441-5863
email: LMK@WSMA.ORG

Date received: _____/check # _____

In most cases, a portion of the WSSP dues may be deductible for tax purposes as professional or business expenses. For your records, please note that the Revenue Reconciliation Act of 1993 states that association dues used for lobbying activities are not deductible as a business expense. As a result, 5% of your WSSP dues for 2012 cannot be deducted as a business expense for federal income tax purposes.