

**WASHINGTON STATE SOCIETY OF PATHOLOGISTS  
APPLICATION FOR MEMBERSHIP**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MEMBERSHIP STATUS YOU ARE SEEKING:

Active MD

Resident

GENERAL MEDICAL EDUCATION AND INTERNSHIPS:  
(schools, hospitals, dates and degrees)

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).

---

---

Attach a list of scientific publications (please include co-authors).

Attach a copy of your CV:

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:

Darla White  
Association Executive – WSSP  
2033 Sixth Avenue, Suite 1100  
Seattle, WA 98121

Phone: 206-441-3642  
Fax: 206-441-5863  
email: [ddw@WSMA.ORG](mailto:ddw@WSMA.ORG)

Date received: \_\_\_\_\_

Check #: \_\_\_\_\_