

THE NEW JERSEY SOCIETY OF PATHOLOGISTS

26 Eastmans Road • Parsippany, New Jersey 07054

(973) 597-0938

(973) 597-0241 FAX

www.njpath.org

APPLICATION FOR MEMBERSHIP

INSTRUCTIONS:

1. Please fill out the application completely and return to the Society office to the attention of the Membership Committee Chairman. Use extra paper if necessary.
2. Applications will be acted upon at the next Executive Committee meeting following receipt of the completed application and required recommendations.
3. Dues are payable upon notification of acceptance of the application.

QUALIFICATIONS

ACTIVE MEMBERS shall be:

1. Physicians licensed to practice medicine in the State of New Jersey (*This would include individuals practicing in Federal facilities located in New Jersey*) and
2. Diplomates of the American Board of Pathology or the American Osteopathic Board of Pathology or certified by either of these Boards as eligible for admission to the examination of that Board: or
3. Persons of professional rank of a Department of Pathology of a Medical, Osteopathic, Dental, or Veterinary College; or
4. Eminently qualified physicians working in the field of Pathology in recognized research institutions.

ASSOCIATE MEMBERS shall be:

1. Physicians of adjacent states and licensed to practice therein, but otherwise having the qualifications specified for Active Members; or
2. Physicians in good standing who are graduates of medical schools approved by the American Medical Association and who have an interest in the field of Pathology but do not practice as a specialist in this field; or
3. Non-medical graduates of recognized scientific institutions who have made contributions to any of the sciences relating to Anatomic or Clinical Pathology and whose membership will further the objectives of the Society.

(Associate Members shall not be eligible to vote or hold office in the Society)

JUNIOR MEMBERS shall be physicians who are:

Residents in a Department of Pathology approved for such training by the Council on Graduate Medical Education of the American Medical Association

(Junior Members shall only be assessed one-half of the regular annual dues and shall not be eligible to vote or hold office in the Society. A person may not remain as a Junior Member for a period greater than 5 years.)

**THE NEW JERSEY SOCIETY OF PATHOLOGISTS
APPLICATION FOR MEMBERSHIP**

___ACTIVE ___ASSOCIATE ___JUNIOR

I hereby make application for the indicated category of membership in the New Jersey Society of Pathologists. I hereby agree to abide by the Constitution and Bylaws and any changes and amendments as may hereafter be properly adopted, to revocation of the certificate of membership in the event that any of the statements hereinafter made by me are false, and to hold the New Jersey Society of Pathologists, its members, and agents free from any damage or complaint by reason of any action they or any of them may take in connection with this application.

NAME _____

PROFESSIONAL AFFILIATION:

PREFERRED MAILING ADDRESS:

E-MAIL ADDRESS: _____

TELEPHONE NUMBER(day) _____ **FAX** _____

(The following information may be furnished by attaching a copy of a current Curriculum Vitae. Please sign pledge at the bottom of page 2)

PRE-MEDICAL EDUCATION

INSTITUTION: _____ DEGREE: _____

DATES ATTENDED: _____

MEDICAL EDUCATION

INSTITUTION: _____ DEGREE: _____

DATES ATTENDED: _____

POST-GRADUATE TRAINING

INSTITUTION	DATES
_____	_____
_____	_____
_____	_____

NEW JERSEY MEDICAL LICENSE NUMBER: _____

SPECIALTY BOARD CERTIFICATION: (Give dates)

AMERICAN BOARD OF PATHOLOGY
_____ ANATOMIC _____ CLINICAL
AMERICAN OSTEOPATHIC BOARD OF PATHOLOGY
_____ ANATOMIC _____ CLINICAL

OTHER BOARD CERTIFICATION: _____

PROFESSIONAL SOCIETY MEMBERSHIP

AMA/AOA _____ MSNJ _____ COUNTY MEDICAL SOCIETY _____
COLLEGE OF AMERICAN PATHOLOGISTS* _____
AMERICAN SOCIETY OF CLINICAL PATHOLOGISTS* _____

OTHER _____

**State representation in these national organizations is based on the number of members in the state.*

HOSPITAL STAFF APPOINTMENTS/ LABORATORY AFFILIATIONS:

INSTITUTION	DATES	TITLE

TEACHING APPOINTMENTS

INSTITUTION	DATES	TITLE

I HEREBY PLEDGE MYSELF TO THE HIGHEST ETHICAL STANDARDS IN THE PRACTICE OF PATHOLOGY

SIGNATURE _____ DATE _____

List below the names of two members of the New Jersey Society of Pathologists who are familiar with your qualifications and will complete the attached recommendations for membership. Recommendation forms may be returned with the application or mailed separately

- 1.
- 2.

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TO: CHAIRMAN, MEMBERSHIP COMMITTEE

RE: APPLICATION FOR MEMBERSHIP OF _____
(Print applicant's name)

As an Active/Associate Member of the New Jersey Society of Pathologists, I am pleased to sponsor this applicant for Active/ Associate/ Junior Membership in the Society.

I am familiar with this applicant's personal and professional qualifications and feel that this individual would be an asset to our Society.

Additional Comments (if desired):

(Print Sponsor's name)

(Signature)

(Date)

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