

International Society of Gynecological Pathologists

Membership Application

Member: Any physician formally trained in pathology and either recognized or certified as a pathologist in accordance with each country's regulations or customs for specialists and who has contributed to the field of gynecological pathology.

Associate Member: Any physician or scientist who does not qualify as a regular member but who has demonstrated special interest in the field of gynecological pathology, as evidenced by significant contributions.

Name: _____
Mailing Address: _____

Email _____

Telephone number: _____ Birthdate: _____

Citizen of: _____

Current Position or title: _____

Medical Education: _____

Degree: _____ Date: _____

Postgraduate education:	Training	Type
Internship:		
Specialty training:		
Fellowships:		
Specialty certification:		
Other:		

Name of your sponsor: _____

The following items must be submitted with this application prior to its evaluation by the Membership Committee:

1. An updated copy of your curriculum vitae, including biographical data, medical education, pathology education, specialty certification, academic and hospital positions (state current position first), membership in scientific organizations, and bibliography.
2. A description of any special activities in gynecological pathology other than publications.
3. A letter of recommendation, preferably from a member of the Society.

Please note that upon acceptance, the Treasurer will send a bill for dues, which includes a subscription to the Journal at a reduced rate.

I hereby apply for _____ membership in the International Society of Gynecological Pathologists.

Date: _____ Signature: _____

Please return to: Joseph Rabban, Secretary, International Society of Gynecological Pathologists, email:- Joseph.Rabban@ucsf.edu;