The Chicago Pathology Society

www.chicagopathology.org

Application for Membership

Please Print Legibly....Complete all items

I, _____, a _____ graduate of_____, hereby apply for membership in the Chicago Pathology Society as a

❒ **REGULAR** ❒ **TRAINEE** member. (Check one)

❒ Home Address: ❒ Office Address:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Phone: ( )_____ Phone: ( )_____

Email: _____

Please Check prefered mailing address.

PLEASE PROVIDE AN E-MAIL ADDRESS

We, the undersigned, members in good standing of the Chicago Pathology Society, recommend this candidate for membership in the category requested:

_____, M.D_____, M.D.

Name: _____ Name: _____

RETURN **COMPLETED** APPLICATION **WITH APPROPRIATE DUES** TO:

Carey August, M.D.
CPS-Secretary
Advocate Illinois Masonic Medical Center-Pathology
836 W. Wellington
Chicago, IL 60657

QUESTIONS, CONTACT THE SECRETARY: 773-296-7900 OR carey.august-md@advocatehealth.com

DUES RATES:	
REGULAR MEMBER	$70.00
TRAINEE MEMBER	**FREE**
Members who do not provide e-mail addresses will not receive notifications of the November through April meetings.	
COST TO RECEIVE SLIDES, HISTORIES, AND HANDOUTS FROM THE ILLINOIS REGISTRY OF ANATOMIC PATHOLOGY:	
REGULAR MEMBER	$70.00
TRAINEE MEMBER	$50.00
TOTAL ENCLOSED	_____

PLEASE NOTE, THERE IS A SEPARATE CHARGE TO RECEIVE SLIDES. YOU MUST BE A MEMBER OF THE CHICAGO PATHOLOGY SOCIETY TO RECEIVE ILLINOIS REGISTRY OF ANATOMIC PATHOLOGY SLIDES.