



**APPLICATION FOR FSP MEMBERSHIP**

**APPLICANT CONTACT INFORMATION:** (Please Print)

\*First Name Middle Initial \*Last Name \*Degree/Title

\*Home Address City/State Zip Country

\*Business Name Address City/State Zip Country

\*Home # \_\_\_\_\_ \*Business # \_\_\_\_\_ Fax # \_\_\_\_\_

\*Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

*\*Asterisk Indicates Required Information.* Please indicate Preferred Mailing Address:  Home  Business

**\*Select the Category of Membership for which you are applying: (See Category Descriptions & Membership Fees on reverse)**

REGULAR - \$350  CORRESPONDING - \$150  RESIDENT (In Full Time Training Program) - \$0

**EDUCATION:**

Medical or Graduate School Location Degree Year Completed

Residency (Postgraduate Training) Location Degree Year Completed

Fellowship (Postgraduate Training) Location Degree Year Completed

Other Postgraduate Training Location Degree Year Completed

**BOARD CERTIFICATIONS:**

AP \_\_\_\_\_ Date \_\_\_\_\_ CP \_\_\_\_\_ Date \_\_\_\_\_ APCP \_\_\_\_\_ Date \_\_\_\_\_

Other Board Name \_\_\_\_\_ Year Eligible \_\_\_\_\_ Year Certified \_\_\_\_\_

\*FLORIDA LICENSE # \_\_\_\_\_ Is it in effect and unqualified?  Yes  No – If not in effect, please explain: \_\_\_\_\_

**TEACHING AND/OR HOSPITAL APPOINTMENTS AND SOCIETY MEMBERSHIPS:**

Hospital or Medical School Name and Location Dates

Hospital or Medical School Name and Location Dates

**MEDICAL SOCIETY MEMBERSHIPS:** AMA  Yes  No CAP  Yes  No ASCP  Yes  No

COUNTY MEDICAL SOCIETY OTHER MEDICAL SOCIETY

I hereby make application for membership in the Florida Society of Pathologists. I agree to abide by all of the rules and regulations of the Constitution and by-laws and such changes and amendments as may hereafter be properly adopted, to revocation of membership in the event that any of the statements hereinafter made by me are false. I hereby pledge myself to the highest ethical standard in the practice of pathology, and, if elected to membership in the Florida Society of Pathologists, shall conduct myself in conformity with the Principles of Medical Ethics of the American Medical Association.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applications to be endorsed by (2) two members of the Florida Society of Pathologists:**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
*Signature/Printed FSP Member Name Signature/Printed FSP Member Name*

## **INSTRUCTIONS TO FSP APPLICANTS**

- 1. Complete application form in detail. Attach additional sheets if necessary.**
- 2. Enclose fee with check made payable to Florida Society of Pathologists:**  
Regular (\$350)                      Corresponding (\$150)                      Resident (No Fee)  
*(Memberships are considered at the annual meeting. If membership is rejected, fee will be returned.)*  
**Amount \$ \_\_\_\_\_ paid by  Check# \_\_\_\_\_ - or - Credit Card:  American Express  MasterCard  VISA**  
Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ 3- 4 Digit Security Code: \_\_\_\_\_  
Print Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_
- 3. Return completed application with appropriate fee to or fax to 407-774-6440 (Credit Card Payments Only):**  
***Florida Society of Pathologists, 222 S. Westmonte Drive, #101, Altamonte Springs, FL 32714***

### **MEMBERSHIP ELIGIBILITY Florida Society of Pathologists Constitution – Chapter III (Membership)**

#### **Regular Members (formerly known as Active or Associate Members)**

Only the following physicians, who reside in the State of Florida, shall be eligible for election to, or continue as, Regular Members in the Society:

- (a) Those holding the degree of M.D. from an accredited school of medicine or D.O. from an accredited school of osteopathic medicine AND
- (b) Those who have specialized for a period of at least four years after graduation in the practice of, or teaching of Pathology, AND
- (c) Those who are licensed to practice medicine as an M.D. or D.O. in the State of Florida AND
- (d) Those who dedicate a major portion of their practice to this specialty, AND
- (e) Those who are Diplomates of the American Board of Pathology, or eligible for admission to the examination of that Board, as certified by said Board

#### **Resident Members (formerly known as Junior/Student Members)**

Resident Members shall be physicians in the State of Florida who are in a full time approved training program in Pathology or sub-specialty of Pathology. Membership in this category must be changed within two (2) years after completion of training to the appropriate membership category. They shall meet all requirements for regular membership in Chapter III, Section 2 of the bylaws, except for four (4) years of practice and full membership in a National society.

#### **Corresponding Members (formerly known as Out of State Members)**

Corresponding Members shall include physicians who are practicing Pathology whose primary practice is in a State other than Florida, and is a member in good standing of a State society of pathology, other than the Florida Society of Pathologists. They shall have no vote at general or special meetings.

#### **Honorary Members**

Honorary Membership shall be awarded by two thirds vote of the Executive Committee to any person demonstrating excellence in their profession or field of study.

#### **Retired Members**

Retired Membership is available to any retired or inactive pathologist residing in Florida, who will document prior active membership in any State pathology society, the CAP, ASCP or other recognized National society of Pathology.

#### **Voting and Holding Office Privileges**

Only Regular Members have the privilege of voting and holding office. Resident, Corresponding, Honorary and Retired Members shall have no power to vote at general or special meetings, and may not hold an elected office. They shall pay dues as designated for their membership category and may be appointed to Committees and utilized in any other manner deemed of benefit to the Society. They will be entitled to vote within their respective Committees in matters pertaining to that Committee's work.

The dues year runs from May 1 – April 30. Dues payments are deductible by members as an ordinary and necessary business expense. In accordance with Section 6033(3)(2)(A) of the Internal Revenue Code, as amended, members of FSP are hereby notified that an estimated 15% of your FSP dues will be allocated to lobbying and political activities, and therefore are not deductible as a business expense.

|                     |         |      |           |
|---------------------|---------|------|-----------|
| For Office Use Only | Check # | Date | Amount \$ |
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