



John P. McGovern Building  
1515 Hermann Dr.  
Houston, TX. 77004-7126

### Application for Membership

NAME IN FULL: \_\_\_\_\_ DEGREE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

OFFICE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MEMBERSHIP DESIRED:  Active (\$200)  Junior (\$75)

MEDICAL EDUCATION: \_\_\_\_\_ DATE OF GRADUATION: \_\_\_\_\_

GRADUATE TRAINING:

Internship: \_\_\_\_\_ Date: \_\_\_\_\_

Residency: \_\_\_\_\_ Date: \_\_\_\_\_

Fellowship: \_\_\_\_\_ Date: \_\_\_\_\_

POST GRADUATE ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIAL INTERESTS AND ACTIVITIES IN PATHOLOGY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURES OF TWO ACTIVE MEMBERS OF HSCP:

1. \_\_\_\_\_

2. \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_