



Society for Hematopathology

Society for Hematopathology
33 West Monroe Street, Suite 1600
Chicago, IL 60603-5617

Phone: 800-267-2727
Fax: 312.541.4998
www.sh-eahp.org

MEMBERSHIP APPLICATION

___ Full Member ___ Associate (Resident or Fellow) – Anticipated date of completion of training _____

Last Name: _____ First Name: _____

Institutional Affiliation: _____

Mailing Address _____ Phone _____

_____ FAX _____

E-mail _____

Specialty: _____ Highest Degree Held: _____

Board Certification and/ or Fellowship Certification: _____

Member of the European Association of Hematopathology (EAHP) ___ Yes ___ No

(Members in good standing of EAHP are not required to submit reference or a CV. Payment of dues is all that is required to become a member of the SH. A statement will be sent following verification of EAHP membership.)

Briefly describe the activities and amount of time that you devote specifically to diagnostic and/or investigative hematopathology: _____

Associate Member Applicants (individuals in training) Please have your program director sign below.

Institution: _____

Specialty: _____ Date of Training Completion: _____

Name of Current Program Director: _____

Signature of Program Director: _____

All applicants: Attach a copy of your Curriculum Vitae and Bibliography. Sponsoring member sign below:

To the best of my knowledge, the applicant meets the eligibility requirements for membership in the Society for Hematopathology. (Eligibility requirements can be found in the Bylaws at the Society's website, www.sh-eahp.org)

Name (printed) and signature of sponsoring member of Society for Hematopathology:

Printed Name

Signature

Date

Applications can be mailed, or faxed to the society office at the address above.

Applicant Signature

Date