



# Society for Hematopathology

Society for Hematopathology  
2111 Chestnut Avenue, Suite 145  
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## 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](http://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**