

NASSAU COUNTY SOCIETY OF PATHOLOGISTS  
MEMBERSHIP APPLICATION

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

HOME  
ADDRESS: \_\_\_\_\_

PRACTICE LOCATION (NAME & ADDRESS OF HOSPITAL OR PRIVATE LAB)

\_\_\_\_\_  
\_\_\_\_\_

OFFICE TELEPHONE  
NUMBERS: \_\_\_\_\_

E-MAIL  
ADDRESS: \_\_\_\_\_

BOARD CERTIFIED :     \_\_\_ A.P.           \_\_\_ C.P.           \_\_\_ A.P./C.P.  
OR ELIGIBLE       :     \_\_\_ A.P.           \_\_\_ C.P.           \_\_\_ A.P./C.P.

NAME OF A MEMBER OF NASSAU COUNTY SOCIETY OF PATHOLOGISTS WHO WILL SUPPORT  
YOUR APPLICATION:

\_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE, ENCLOSE A COPY OF YOUR CV WITH THIS APPLICATION.  
YOUR APPLICATION FOR MEMBERSHIP WILL BE ANNOUNCED AT THE FIRST MEETING  
OF THE SOCIETY FOLLOWING ITS RECEIPT.

PLEASE RETURN THIS FORM WITH A \$90.00 CHECK (PAYABLE TO "NASSAU COUNTY SOCIETY  
OF PATHOLOGISTS") TO:

*Maria Plummer, M.D.*  
Membership Coordinator  
140 Locust St.  
Garden City, NY 11530

Phone 516-741-8952  
Cell phone 516 650-0364

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