



MEMBERSHIP APPLICATION FORM

Surname:

Title:

First name(s):

Date of birth:

Sex: Female/Male (please delete as applicable)

Professional address:

Telephone no:

Ext:

Postcode:

Fax no:

Mobile no:

Email:

Home address:

Telephone no:

Ext:

Postcode:

Fax no:

Mobile no:

Email:

I would like all correspondence to be sent to (please select one of the following):

My Professional Address:

My Home Address:

For Society administration purposes only:

Payment type:

cheque/cc payment

Date payment processed/deposited.....

Membership No.....

On-line access set-up.....

DH/JPath ordered.....

Email Member.....

Tadrous dispatched

Member's Log-in requested.....

Direct Debit sent to bank.....



Which type of Membership* are you applying for (please select one of the following):

- 1 - Ordinary
- 2 - Concessionary

* NB please check the Society **membership information sheet** for the relevant membership types and payment to be enclosed with your membership application

If you are applying for **Ordinary Membership** please indicate to which Journal you would like to subscribe;

- Journal of Pathology
- Diagnostic Histopathology
-

If you are applying for **Ordinary Membership** which application date are you applying for (please select one of the following):

- January
- July
-

Principal qualifications with dates:

Present appointment (with dates):

Previous appointment(s) (with dates):

Please select one of the following:

- I am in a substantive post
- I am a PhD student
- I am a Post Doctoral Fellow
- I am a Biomedical Scientist
- I am a trainee
-



If you are a trainee please select one of the following:

- | | | | |
|-----|--------------------------|-------|--------------------------|
| F1 | <input type="checkbox"/> | F2 | <input type="checkbox"/> |
| ST1 | <input type="checkbox"/> | ST2 | <input type="checkbox"/> |
| ST3 | <input type="checkbox"/> | ST4 | <input type="checkbox"/> |
| ST5 | <input type="checkbox"/> | Other | |

What is your estimated CCST date (or equivalent)?

Please list your area(s) of interest:

Please list the authors, title and journal of three recent publications (if applicable):

Data Protection

In accordance with the provision of the Data Protection Act 1998 any personal data which is supplied to The Pathological Society of Great Britain and Ireland, will be held in a secure database or as paper-based data and used solely for use by The Pathological Society of Great Britain and Ireland.

The Pathological Society of Great Britain & Ireland needs to store the personal information you provide as part of a membership contact database. This information is also used by John Wiley & Sons Ltd to administer subscription to The Journal of Pathology (where applicable).

Information provided to The Pathological Society of Great Britain & Ireland will be subject to review annually by the Society Administrator who acts as the Data Controller.

The membership contact database will be used by the Society and its officers for contacting you about the business of the Society. Username and password information will be used to manage your access to the Society website content. It may also be used to notify you of meetings or events which are believed to be of interest to Society members.

We will not sell-on your contact information. The information provided will not be passed to any third party. The Society would also like to make your name and contact details available via a password-protected website for access by other members of the Society, and we ask your agreement to do this in the declaration below.

Please read and sign the declaration, deleting the parts that do not apply.



DECLARATION

- I agree to the Pathological Society holding and processing my information for the above purposes.
 - I agree to update my contact details should they change by either using the Society website or mailing the Society administrator.
 - I understand that agreement to holding this information is an essential part of Society membership
- I **agree / do not agree** (please delete as appropriate) to my contact details being made available to other members.

If elected, I consent to becoming a Member of the Society in accordance with, and subject to, its Rules and Constitution. The Rules and Constitution can be found on the Society's website:

<http://www.pathsoc.org>

Signature: _____ Date: _____

Proposal:

I being a Member of the Pathological Society of Great Britain & Ireland, in good standing, sponsor (**name of applicant**): _____

of whom I have personal knowledge, for election to the Society.

Name of Sponsor: _____

Membership No: _____

Sponsor's signature: _____ Date: _____



Submitting your membership Application - Checklist

UK Membership applications – Ordinary & Concessionary

Please send the following documentation to the Society office:

1) **A cheque for your first year subscription fee.**

(or 6 months where relevant)

please make cheques payable to the Pathological Society)

2) A completed Membership application form

(please make sure this is complete with your sponsors signature)

3) A completed and signed direct debit mandate

Overseas Membership applications

Please send the following documentation to the Society office:

1) If you have a UK bank account a completed and signed direct debit mandate

2) If you do not have a UK bank account a completed credit card authorization form

(from which your first year or 6 month subscription fee can be debited)

3) A completed Membership application form

Please complete and return with the appropriate completed forms to:

The General Secretary

c/o: Miss Julie Johnstone

The Pathological Society

2 Carlton House Terrace

London

SW1Y 5AF

julie@pathsoc.org