

ASSOCIATION OF CLINICAL PATHOLOGISTS
Application for Ordinary/Trainee Membership
(please delete as appropriate)

(Please give details of registration number in relevant box)

I, being a medical practitioner registered

(a) in the United Kingdom or in the Republic of Ireland

(b) in within the British Commonwealth of Nations or within the European Community, desire to become a member of the Association of Clinical Pathologists and if accepted agree to observe the rules and promote the honour and interests of the Association.

(please complete in block letters and delete where necessary)

Title Date of Birth

Surname

Forenames (in full)

Qualifications

Present Appointment

Professional Address

.....

.....

..... Postcode

(this address to be used for correspondence unless otherwise stated)

Telephone Number

Email Address
.....

Specialty

Residential Address
.....

.....

..... Postcode

Home Telephone Mobile

Signature Date

THIS SECTION MUST BE COMPLETED IN DETAIL

ALL APPOINTMENTS SINCE REGISTRATION

Title of appointment and hospital details

Commencing

Ending

(give month and year)

PRINCIPAL PUBLICATIONS:

(maximum of three)

When completed please return application to:

The Administrator
Association of Clinical Pathologists
189 Dyke Road
Hove
East Sussex
BN3 1TL
Tel: 01273 775700 Fax: 01273 773303
info@pathologists.org.uk

Applicants for membership are admitted throughout the year following acceptance by Council.