

The Singapore Society of Pathology

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Last name (Surname):	
First name(s):	· · · · · · · · · · · · · · · · · · ·
NRIC: Da	ate of birth:
Correspondence Address:	
	Postcode:
Contact Tel:(Home /	Office)(Mobile Phone)
Fax no.: E-ma	nil address:
Qualifications and Year Obtained:	
Current Appointment:	
Signature of applicant	Date:
Correspondence: All correspondence will be sent to the e-mail address provided. If no e-mail address is indicated, correspondence will be sent to office address.	
Subscription fees: Ordinary member \$25 per annum. Associate member \$10 per annum. Cheques should be made payable to "Singapore Society of Pathology" Please send application and cheques to Ms. Anne Sabrina, c/o SSP Secretariat, Department of Pathology and Laboratory Medicine, KK Women and Children's Hospital, Basement 1, Children's Tower, Singapore 229899	
 Qualified and registered members of the medical profession and suitably qualified science graduates in the various branches of human pathology may be admitted to the Society as ordinary members. They must be nominated and seconded by 2 ordinary members of the Singapore Society of Pathology. ** Associate members shall be those persons who whilst not eligible for appointment as members are actively engaged as workers in some field of pathology. They are not eligible to hold office or vote for office-bearers. 	
Nominations: (both must be members of Sing	anore Society of Pathology)
Nominated by:	Seconded by:
Name:	Name:
Address:	Address:
Signature:	Signature:

For office use only: Date received:

Amount received and cheque no.