



Dedicated to Clinical Practice ☉ Clinical Education ☉ Clinical Research
George N. Papanicolaou
1883-1962
<http://www.papsociety.org>

Membership Application

Board of Directors

President
Martha Pitman, M.D.

President-Elect
Lester Layfield, M.D.

Secretary
David Chhieng, M.D.

Treasurer
Eric Suba, M.D.

Past President
Stephen Raab, M.D.

Members-at-Large
Zubair Baloch, M.D.
Tarik Elsheikh, M.D.
Andrew Field, M.D.
Britt Marie Ljung, M.D.
Aylin Simsir, M.D.
Matthew Zarka, M.D.

Name & Title: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Institutional Affiliation: _____

A member of USCAP or Papanicolaou Society of Cytopathology must sign this form supporting this application:

As a member of USCAP or PSC, I sponsor this applicant for membership.

Sponsor's Name

Sponsor's Signature

Signature of Program Director (required for Residents and fellows)

Program Director

Signature

Please return this form along with your method of payment, by mail or fax, to:

Eric Suba, M.D.

2295 Vallejo Street #508

San Francisco, CA 94123

Fax: 415-833-3871

Check appropriate box:

- \$160: Practicing MD or PhD in USA or Mexico
- \$170: Practicing MD or PhD in Canada
- \$200: Practicing MD or PhD in other country
- \$25: Resident/Fellow or Graduate Student (does not receive DICY)
- \$25: Emeritus or Retired (does not receive DICY)

MAKE CHECKS PAYABLE IN U.S. DOLLARS TO:

Papanicolaou Society of Cytopathology

CREDIT CARD PAYMENTS ON MASTERCARD OR VISA ACCEPTED:

NAME _____

MC/VISA NUMBER _____

EXPIRATION DATE _____

SIGNATURE _____