

**SOUTH CAROLINA SOCIETY OF PATHOLOGISTS  
APPLICATION FOR MEMBERSHIP**

**PERSONAL DATA:**

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

OFFICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

**LICENSURE:**

SC MEDICAL LICENSE NO: \_\_\_\_\_

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Circle one: ACTIVE/ASSOCIATE/RESIDENT ASSOCIATE)

**DIRECTIONS:**

1. Complete this application form.
2. Provide a current copy of your CV.
3. Applicants for active or associate membership enclose \$200.00.  
(Group Memberships are 20% off \$200 if the entire practice registers as new members. See Group Membership Form.)
4. Mail to: South Carolina Society of Pathologists.  
132 Westpark Blvd, Columbia, SC 29210

Contact April Koon at [aprilkoon@scmedical.org](mailto:aprilkoon@scmedical.org) with any questions.