



Ohio Society of Pathologists
RESIDENT MEMBERSHIP APPLICATION FORM

Name: _____

Degree: M.D. _____ D.O. _____ Ph.D. _____ Other _____

Degree From: _____

Home Address: _____

Home Phone: _____

Email Address: _____

Present Institution: _____

Present Institution Address: _____

Phone Number: _____

Present Position: _____

Residency Training Year: PG-1 PG-2 PG-3 PG-4 PG-5 PG-6

Name and Email Address of Program Director:

Name	Email Address
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Applicant Signature: _____ **Date:** _____

Please email completed form to: Val Campana
OSP Administrator
veliaacampana@aol.com.

Resident Travel Award

Apply for the Resident Travel Award to win a one-night stay at the conference hotel and attend the society board dinner the Friday prior to the meeting. Visit our [website](#) for more information.