

# NEUROPATHOLOGY SOCIETY

## MEMBERSHIP FORM

**Name**

\_\_\_\_\_

Prefix

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

**E-mail**

\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_

Area Code

\_\_\_\_\_

Phone Number

**Mobile Number**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

Street Address

\_\_\_\_\_

Street Address Line 2

\_\_\_\_\_

City

\_\_\_\_\_

State / Province

\_\_\_\_\_

Postal / Zip Code

\_\_\_\_\_

Country

**Birth Date:**

\_\_\_\_\_

Day

\_\_\_\_\_

Month

\_\_\_\_\_

Year

**Degree and professional  
Qualification**

\_\_\_\_\_

**Current position,  
Institute**

\_\_\_\_\_

**Brief summary of  
neuropathology interests  
and experience**

\_\_\_\_\_

**Membership Category  
(tick applicable) (see  
below for details)**

- Life Member (LM)
- Life Associate Member (LAM)
- Full Member (FM)
- Associate Member (AM)

**Sponsor 1 (name,  
affiliation, membership  
number)**

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**Sponsor 2  
(name,affiliation,  
membership number)**

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**Payment mode  
(DD/cheque)**

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**DD/Cheque number ,  
Bank name, with date**

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**Declaration**

I have read and understood the bye-laws and regulations of the Neuropathology Society and if, enrolled as Life Member/Full member/Associate Member, agree to abide by the bye laws and regulations of the society now existing or such Rules and Bye-Laws which may hereinafter be made or altered. I also declare that, I am engaged actively in the practice of specialty of Neuropathology/in one or more of its allied fields (Please mention here below, which specific field)