

**Rodger C. Haggitt Gastrointestinal Pathology Society**  
Nomination for Membership

1. Type of Membership:  Regular  Associate Date: \_\_\_\_\_

2. Nominee's Name: \_\_\_\_\_

last                      first                      middle

3. Address: \_\_\_\_\_

city                                      state                                      zip code

4. Email address: \_\_\_\_\_

5. Contact information: Phone: ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

6. EDUCATION      Institution                      City                      Degree(s) Year

Medical School: \_\_\_\_\_

Other: \_\_\_\_\_

8. POST DOCTORAL TRAINING (Housestaff and other, List chronologically):

Institution                                      Field                                      Inclusive Dates

\_\_\_\_\_

\_\_\_\_\_

9. TRAINING IN G.I. PATHOLOGY (Brief summary. Include any special courses, post-doctoral training, etc.; give names of teachers. If none, write none):

\_\_\_\_\_

10. ACADEMIC APPOINTMENTS (past & present).

Institution                                      Title                                      Inclusive Dates

\_\_\_\_\_

\_\_\_\_\_

11. HOSPITAL APPOINTMENTS (non-housestaff, past & present)

Institution                                      Title                                      Inclusive Dates

\_\_\_\_\_

\_\_\_\_\_

14. PROFESSIONAL ACTIVITY:

a. Percentage of total time in GI Pathology: \_\_\_\_\_%

b. What is your primary area of interest in GI Pathology?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. NOMINATOR: \_\_\_\_\_

Nominator's email address for

verification: \_\_\_\_\_