



Renal Pathology Society

APPLICATION FORM

The Renal Pathology Society is a nonprofit organization committed to increasing and disseminating knowledge about the pathology and pathophysiology of the kidney. Membership is open to any MD, PhD, DVM, or equivalent degree holder who has demonstrated accomplishments in nephropathology as determined by the Membership Committee under the direction of the Executive Committee. See reduced fees for members from countries defined as underdeveloped by WHO.

*Submit to the chair of the membership committee, listed under officers and committees (1) the application form shown below with signature of sponsoring RPS member, (2) current curriculum vitae, and (3) a letter stating evidence for fulfillment of one or more of the following membership requirements : Criterion 1: Publication of at least one peer-reviewed article in the field of nephropathology, **or** Criterion 2: Completion of a minimum of six months research or clinical traineeship in nephropathology, e.g. during residency or postdoctoral fellowship, **or** Criterion 3: Extensive clinical experience with the diagnostic pathologic evaluation of renal diseases, **or** Criterion 4: Extensive research experience on the pathology, pathophysiology, or pathogenesis of renal diseases.*

For interested trainees with no prior accomplishments, a junior membership is offered and dues are waived. See reduced fees for members from countries defined as underdeveloped by WHO.

Please print this page out, then type or print.

| | |
|----------------|--------------------------------|
| Candidate Name | |
| E-Mail Address | |
| Position | |
| Department | |
| Institution | Mailing Address (if different) |
| Street Address | Street Address |
| City | City |
| State | State |
| Country | Country |
| Mailing Code | Mailing Code |
| Telephone | FAX |

I certify that the information supplied is correct, and hold the Renal Pathology Society and its members free from any damage or complaint resulting from any action they may take in connection with this application.

| | | |
|--------------------------|-----------------------|------|
| Signature of Applicant | Date | |
| Signature of RPS Sponsor | Print Name of Sponsor | Date |

Note: The annual dues for RPS membership are currently US \$85, which will be requested upon acceptance; junior members are not required to pay society dues while in training.