

# Clinical Scientist Membership Application Form

**Eligibility**

You are eligible for ASCP membership if you are a laboratory professional holding an academic doctorate (PhD).

**Annual Dues** ..... **\$89**

(Membership includes a subscription to *LABMEDICINE™* and access to labmedicine.com)

**Method of Payment**

Check (*Make payable to ASCP*)

Credit Card:     Visa         MasterCard     AMEX

Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**After you've completed this application...**

**Mail completed application to:**

ASCP Membership Services  
33 West Monroe St., Suite 1600  
Chicago, IL 60603-5617 USA;  
or

**FAX completed application to:**

ASCP Membership Services  
312.541.4767

For questions about membership, please contact ASCP Membership Services at 1.800.267.2727 (USA & Canada), 1.312.541.4890 (International), option 2 or membership@ascp.org

The ASCP is an educational and charitable organization. Although your membership dues are not deductible as a charitable contribution, they may be deductible as a business expense. Consult your tax advisor.

**Application check list...did you:**

- Complete the entire membership application?
- Sign the completed application?
- Enclose dues payment of \$89?

**Contact Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Birth Date (MM/DD/YYYY) : \_\_\_\_\_

(Please check preferred mailing address)

Home Address

Office or Institution Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

FAX: \_\_\_\_\_

FAX: \_\_\_\_\_

**Board of Certification:** (e.g. MLS, MLT, MT, CT, DLM, PA)

Category: \_\_\_\_\_ Number: \_\_\_\_\_

Category: \_\_\_\_\_ Number: \_\_\_\_\_

Category: \_\_\_\_\_ Number: \_\_\_\_\_

Category: \_\_\_\_\_ Number: \_\_\_\_\_

Category: \_\_\_\_\_ Number: \_\_\_\_\_

Category: \_\_\_\_\_ Number: \_\_\_\_\_



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**1. Title**

(Circle one)

What is your primary position or title?

- 01 Laboratory Medical Director (Assistant Director)
- 03 Administrative Lab Director/Manager
- 04 Department Director (technical)
- 07 Educator (academic)
- 11 Supervisory/Lead Technologist
- 13 Education Program Director/Coordinator
- 15 Technologist (non-supervisory)
- 16 Technician (MLT/Histologic/Phlebotomy)
- 19 Retired
- 20 Not employed
- 21 Pathologists' Assistant
- 23 University/College Administration
- 24 Industry Professional
- 18 Other

**2. Race/Ethnic Origin**

(Circle one)

- 01 Caucasian
- 02 African American
- 03 Asian or Pacific Islander
- 04 Hispanic
- 05 Native American
- 06 Other

**3. Responsibility**

(Circle one)

What is your primary area of responsibility or interest?

- 01 General Pathology
- 02 Anatomic Pathology
- 03 Clinical Pathology
- 04 Lab Administration
- 06 Cytopahtology
- 09 Hematology/Coagulation
- 10 Transfusion Medicine/Blood Bank
- 13 Nuclear Medicine
- 15 Generalist
- 16 Chemistry/Toxicology
- 17 Informatics
- 19 Education
- 20 Histology
- 21 Immunology
- 22 Microbiology/Mycology/Parasitology/Virology
- 23 Quality Control/Quality Assurance/Stats
- 26 Phlebotomy
- 28 Molecular Pathology/Molecular Diagnostics
- 29 Public Policy
- 30 Public Health
- 32 Lab Safety
- 33 General Administration
- 34 Research Administration
- 35 Laboratory Research
- 27 Other

**4. Place**

(Circle one)

Where is your primary place of employment?

- 01 Hospital: 500 or more beds
- 02 Hospital: 300-499 beds
- 03 Hospital: 100-299 beds
- 04 Hospital: less than 100 beds
- 05 Several small hospitals
- 06 Independent Reference Lab
- 07 Blood Bank/Blood Center
- 08 Forensic Lab
- 09 Toxicology Lab
- 10 Physician Office Laboratory
- 11 Clinic/Outpatient
- 12 Nursing Home
- 14 Med School/Accredited Med Lab Program
- 15 Government Agency
- 16 Industry/Equipment/Pharm Company
- 17 Research Lab
- 19 Not Employed
- 18 Other

5. Have you ever applied for membership or been a member of the ASCP? Yes No

If yes, type of membership:

Member Number:

To the best of my knowledge, the information I have provided in this membership application is accurate. I agree to hold the American Society for Clinical Pathology, its members, officers and representatives free from any damage or complaint by reason of any action they may take in connection with this application.

Signature:

Date:

The mission of the American Society for Clinical Pathology is to provide excellence in education, certification, and advocacy on behalf of patients, pathologists, and laboratory professionals.