

Clinical Scientist Membership Application Form

Eligibility

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

Annual Dues **\$89**

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

Send completed application form to...

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

fax: 312.541.4767
email: membership@ascp.org

Method of Payment

Check (*Make payable to ASCP*)

Credit Card: Visa MasterCard AMEX

Account Number: _____

Signature: _____ Exp. Date: _____

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.

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

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

City _____ State/Province _____ Postal Code _____

City _____ State/Province _____ Postal Code _____

Country _____

Country _____

Phone: _____

Phone: _____

Email: _____

Email: _____

FAX: _____

FAX: _____

Board of Certification record(s) (if applicable):
(e.g. MLS/MT,MLT,CT,DLM,PA)

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/Scientist (MLS, MT, CT)
- 16 Technician (MLT, HT, PBT, DPT)
- 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 Cytopathology
- 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

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: _____