



International Clinical Laboratory Student Membership Application Form

(For individuals residing in a country other than the United States or Canada)

Eligibility

You are eligible for membership as an ASCP Clinical Laboratory Student if you have been accepted or are currently enrolled in a regionally accredited college/university science program or a laboratory science program approved by an appropriate accrediting agency.

You may maintain complimentary ASCP Clinical Laboratory Student membership until you become certified by the ASCP Board of Certification and are eligible for ASCP membership. (Please note: Your student membership is not to exceed five years from the date of application.)

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

For questions about membership, please contact ASCP Membership Services at 1.312.541.4890, option 2 or membership@ascp.org

Annual Dues **FREE**
(Membership includes access to labmedicine.com and ajcp.com)

Application check list...did you:

- Complete the entire membership application?
- Sign the completed application?

Contact Information

Last Name: _____
 First Name: _____
 Middle Name: _____
 Birth Date (MM/DD/YYYY) : ____/____/____

Mailing address _____

 City _____ Country _____
 State/Province _____ Postal Code _____
 Country (including country code) _____
 Phone _____ e-mail _____
 e-mail 2 _____

Academic Training

Type of program in which you are currently enrolled:

Laboratory Science:

- Medical Technologist
- Medical Laboratory Technician
- Phlebotomy Technician
- Technologist in Molecular Biology

University/College Science:

- Biology
- Chemistry
- Microbiology
- General science
- Other (please specify) _____

Program Name: _____

Beginning Date of Program ____/____/____ End Date of Program ____/____/____

Program Director Name/Title _____ Phone (including country code) _____

Program Director e-mail _____

Certification of Membership

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