

# Laboratory Professional Membership Application Form

**Eligibility**

You are eligible for ASCP membership if you are certified by the ASCP Board of Registry in one or more categories.

**Annual Dues** ..... \$79

(Membership includes a subscription to **LABMEDICINE™** and access to labmedicine.com and ajcp.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 \$79?

**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 Registry Certification(s):** (e.g. MT,MLT,CT,DLM,PA)

Category: _____	Number: _____	Category: _____	Number: _____
Category: _____	Number: _____	Category: _____	Number: _____
Category: _____	Number: _____	Category: _____	Number: _____

# Laboratory Professional Membership Application Form

## Professional Experience

### 1. Title

(Circle one)

What is your primary position or title?

- 07 Assistant or Associate or Full Professor
- 08 Tech Admin Lab Dir/Asst Dir
- 09 Chief/Asst Chief Tech/Admin Tech
- 10 Manager/Assistant Manager
- 11 Dept Supv/Section Supv/Asst Supv
- 13 Program Director/Education Coordinator
- 14 Instructor or other Educator
- 15 Technologist (non-supervisory)
- 16 Technician (MLT/Histologic/Phlebotomy)
- 17 Consultant
- 18 Other
- 19 Retired
- 20 Not employed
- 21 Pathologists' Assistant

### 2. Responsibility

(Circle one)

What is your primary area of responsibility or interest?

- 01 General Pathology
- 02 Anatomic Pathology
- 03 Clinical Pathology
- 04 Administration/Management
- 09 Hematology/Coagulation
- 10 Transfusion Medicine/Blood Bank
- 15 Generalist/all areas-Tech/Technician
- 16 Chemistry/Body Fluids/Toxicology
- 17 Information Systems
- 18 Cytology
- 19 Education
- 20 Histology/Electron Microscopy
- 21 Immunology/Serology
- 22 Microbiology/Mycology/Parasitology/Virology
- 23 Quality Control/Quality Assurance/Stats
- 24 Sales/Marketing
- 25 Technical Support
- 26 Phlebotomy
- 27 Other

### 3. 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
- 10 MD Office Practice
- 11 Clinic/Outpatient
- 18 Other

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

If yes, type of membership:

Date (if available):

## 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: