



Clinical Laboratory Student Membership Application Form

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

For questions about membership, please contact ASCP Membership Services at 1.800.267.2727, option 2.

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 _____ State _____ ZIP _____
 Country _____
 Phone _____ e-mail _____
 e-mail 2 _____

Academic Training

Type of program in which you are currently enrolled:

Laboratory Science:

- MLS/MT MLT PA HTL HT CT SBB PBT MB CG

University/College Science:

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

Program Name / Institution _____

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

Program Director Name/Title _____ Phone _____

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 ____/____/____