

International Medical Student Membership Application

Eligibility

You are eligible for International Medical Student membership if you are enrolled in a medical school accredited or approved by the appropriate regulatory body or Ministry for your country.

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Annual Dues

(Membership includes access to labmedicine.com and ajcp.com)

FREE

Email completed application to

membership@ascp.org

Or

Mail completed application to:

ASCP Membership Services

33 W. Monroe St., Suite 1600

Chicago, IL 60603-5617 USA

For questions about membership, please contact ASCP Customer Service at www.ascp.org/support

(Please check preferred mailing address)

Last Name:

First Name:

Middle Initial:

Birth Date (MM/DD/YYYY):

(Please check preferred mailing address)

Home Address

Institution Address

Phone

Phone

Email

Email

Medical Education

Institution

Address

City

State/Province

Zip Code

Expected Graduation Year

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.

Applicant's Signature

I hereby make application to become an ASCP Medical Student Member.

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.