

Medical Student Membership Application

Eligibility

You are eligible for Medical Student membership if you are enrolled in a medical school approved by the Liaison Committee on Medical Education of the American Medical Association and the American Association of Medical Colleges, or the Committee on Accreditation of the Association of Canadian Medical Colleges, or in an osteopathic medical school approved by the Bureau of Professional Education of the American Osteopathic Association.

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

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 _____ Zip Code _____

Expected Graduation Date _____

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.