

Laboratory Student Membership Application Form

Eligibility

You are eligible for membership as an ASCP Laboratory Student if you intend to meet the ASCP Board of Registry eligibility requirements for certification and 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 ASCP Laboratory Student membership until you become certified by the ASCP Board of Registry and are eligible for ASCP membership. (Please note: Your ASCP Laboratory Student membership is not to exceed five years from the date of application.)

This application must be signed by your program director, education coordinator, or other appropriate person. Applications with missing signatures will not be accepted. Please complete all sections of this application.

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

After you've completed this application...

Mail completed application to:

ASCP Membership Services
 33 West Monroe, Suite 1600
 Chicago, IL 60603; or

FAX completed application to:

ASCP Membership Services
 312.541.4767

For questions about membership, please contact ASCP Membership Services at 800.267.2727, option 2 or Membership@ascp.org

Application check list...did you:

- Complete the entire membership application?
- Sign the completed application?
- Get your program director's signature?

Contact Information

Last Name: _____ First Name: _____ Middle Name: _____

Birth Date (MM/DD/YYYY): _____

(Please check preferred mailing address)

<input type="checkbox"/> Home Address _____ _____ _____ _____ Phone _____ Email _____ FAX _____	<input type="checkbox"/> Office or Institution Address _____ _____ _____ _____ Phone _____ Email _____ FAX _____
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Education

Institution _____

Address _____

City _____ State _____ Zip Code _____

Degree _____ Year Graduated _____

Academic Training

Type of laboratory science program in which you are currently enrolled:

PA MT MLT HTL HT CT SBB PBT

University/College Science Program
[biology] [chemistry] [microbiology] [general science] (Circle one)

Other (Please describe):

Program Name:

Beginning Date of Program:

End Date of Program:

Name of Program Director:

Phone:

Verification

I hereby verify that the person listed on the front of this application is currently enrolled in a regionally accredited college/university science program or a laboratory science program approved by an appropriate accrediting agency.

Signature:

Title:

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.

Signature:

Date:
