

## Membership Application

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip or Postal Code: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

NEW PROFESSIONAL	BUDGET FRIENDLY	BEST VALUE	ADVOCATE
<b>Student* Membership</b>	<b>Core Membership</b>	<b>Enhanced Membership</b>	<b>Retired* Membership</b>
<b>\$40</b>	<b>\$80</b>	<b>\$139</b>	<b>\$40</b>
Continue learning and building a network with all the Core membership benefits at a discounted rate.	Access to our Journal, Online Community and Resource Library to keep you up-to-date and saving money on education.	All our Core benefits, plus unlimited access to FREE on-demand webinars to help you to continue to learn and grow on your time (Over 140 free CEUs)	Continue your role as a knowledge leader and advocate in the histology community!

**Select membership type:** ☐ Student Membership (\*Must provide a current higher education transcript.) ☐ Core Membership ☐ Enhanced Membership ☐ Retired Membership (\*Must have been a member for 5 years and currently retired)

**Degrees (s):**

☐ AA ☐ AS ☐ BA ☐ BS ☐ MBA ☐ MD ☐ DVM ☐ PhD ☐ Other

**ASCP Designation(s)/Certification(s):**

☐ HT ☐ HTL ☐ CT ☐ DLM ☐ MB ☐ MLS ☐ MLT ☐ PA ☐ SCT ☐ SMB ☐ QBRs ☐ QIHC ☐ Other

**Primary Area of Practice:**

☐ Contract Research Organization ☐ Government Agency ☐ Hospitals ☐ Industry/Vendor ☐ Pharmaceutical  
☐ Private Lab ☐ Reference Laboratory ☐ Academic and Research Facility ☐ Core Research Facility  
☐ Veterinary ☐ Other

**Position Description:**

☐ Educator ☐ Industry Sales ☐ Industry Technical Representative ☐ Lab Assistant ☐ Pathology Assistant  
☐ Student ☐ Supervisor ☐ Technician/Scientist ☐ Trainee ☐ Consultant ☐ Lab Manager ☐ Pathologist ☐ Retired

**Payment Information:** ☐ Check ☐ Credit Card

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Security Code (3 or 4 digit #): \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_