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## 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>\$40</b>  Continue learning and building a network with all the Core membership benefits at a discounted rate.	<b>Core Membership</b>  <b>\$80</b>  Access to our Journal, Online Community and Resource Library to keep you up-to-date and saving money on education.	<b>Enhanced Membership</b>  <b>\$139</b>  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)	<b>Retired* Membership</b>  <b>\$40</b>  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: \_\_\_\_\_