



Academy of Clinical Laboratory Physicians and Scientists Application for Active Membership

Name: _____ Degree(s): _____ Date: _____

Telephone number: _____ E-mail: _____

Mailing address: _____

_____ Zip code: _____

Affiliation: _____

Academic rank (if applicable): _____

Check the activities in which you are actively involved as part of your affiliation:

- Clinical service in laboratory medicine
- Research in laboratory medicine
- Education in laboratory medicine (Undergraduate/Graduate/Medical student/Post-graduate/Resident)

Areas of interest (please indicate your major area of interest):

- Clinical Chemistry
- Hemostasis/Thrombosis
- Microbiology/Virology
- Genetics
- Immunology
- Molecular Pathology
- Hematology
- Medical Informatics
- Transfusion Medicine

Candidates for Active Membership must be sponsored by a current, active ACLPS member. Please indicate the name of the active member who will serve as a sponsor below and return the complete Sponsor Form located on the ACLPS website (www.aclps.org).

Sponsor name: _____

Signature of applicant

Please enclose your current CV with this application.

Please email completed application to: pjarolim@partners.org or fax to (617) 731-4872.

FOR OFFICE USE ONLY	
Application completed:	CV attached:
Sponsor #1 received:	Voted into membership:
Committee action:	