



## 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](http://www.aclps.org)).

Sponsor name: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

*Please enclose your current CV with this application.*

Please email completed application to: [ACLPSMembershipCMTE@gmail.com](mailto:ACLPSMembershipCMTE@gmail.com).

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