



Academy of Clinical Laboratory Physicians and Scientists Application for Associate Membership

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

Telephone number: _____ E-mail: _____

Mailing address: _____

_____ Zip code: _____

Affiliation: _____

Indicate if you are a Pathology resident or a Clinical fellow

Areas of interest (please check your major areas of interest):

- | | | |
|---|--|--|
| <input type="checkbox"/> Clinical Chemistry | <input type="checkbox"/> Hemostasis/Thrombosis | <input type="checkbox"/> Microbiology/Virology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Immunology | <input type="checkbox"/> Molecular Pathology |
| <input type="checkbox"/> Hematology | <input type="checkbox"/> Medical Informatics | <input type="checkbox"/> Transfusion Medicine |

Candidates for Associate Membership must be sponsored by a current, Active Member of ACLPS. 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: ACLPSMembershipCMTE@gmail.com.

FOR OFFICE USE ONLY

Application completed:	CV attached:
Sponsor #1 received:	Voted into membership:
Committee action:	