



**American Society for Veterinary Clinical Pathology**  
 4300 Duraform Lane, Ste A • Windsor, WI 53598 USA  
 Phone: 1-608-443-2479 • Email: info@asvcp.org

## 2025 Membership Application

**Name:** \_\_\_\_\_ **Degrees:** \_\_\_\_\_

**Affiliation:** \_\_\_\_\_  Female  Male  Other  Prefer not to answer

**Address:** \_\_\_\_\_  Work  Home

**City, State/Province, Zip/Postal Code, Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Profession/Occupation**

Please check the one that best applies:

- |  |  |
|--|--|
| <input type="checkbox"/> Academia                      | <input type="checkbox"/> Medical Technologist                        |
| <input type="checkbox"/> Diagnostic Pathology          | <input type="checkbox"/> Veterinarian                                |
| <input type="checkbox"/> Industry Pathology            | <input type="checkbox"/> Veterinary Medical or Undergraduate Student |
| <input type="checkbox"/> Intern/Resident/Grad Student  | <input type="checkbox"/> Other: _____                                |
| <input type="checkbox"/> Laboratory Professional/Staff |  |

Position Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

**Specialty/Area of Interest**

Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Applied Research   | <input type="checkbox"/> Hematology            |
| <input type="checkbox"/> Basic Research     | <input type="checkbox"/> Laboratory Management |
| <input type="checkbox"/> Clinical Chemistry | <input type="checkbox"/> Surgical Pathology    |
| <input type="checkbox"/> Cytology           | <input type="checkbox"/> Other: _____          |

**Board Certified**

Yes  No

Year of Certification: \_\_\_\_\_ Credentials: \_\_\_\_\_

**Would you like to participate on an ASVCP Committee?**

- |   |  |
|---|--|
| <input type="checkbox"/> EDI Working Group        | <input type="checkbox"/> Quality Assurance & Standards |
| <input type="checkbox"/> Education                | <input type="checkbox"/> Regulatory Affairs            |
| <input type="checkbox"/> Program                  | <input type="checkbox"/> Resident Liaison Group        |
| <input type="checkbox"/> Media and Communications | <input type="checkbox"/> Share the Future              |

Learn more about committees: [asvcp.org/ASVCP\\_Committees](http://asvcp.org/ASVCP_Committees)

**Journal**

An electronic subscription to Veterinary Clinical Pathology is included with your membership. If you would like a print copy of the Journal, please add \$60.

Print \$60.00 U.S. Funds

**Make A Donation to ASVCP's Greatest Need Fund**

Would you like to make a donation to help advance ASVCP's mission and vision for the field of Veterinary Clinical Pathology?

I would like to make a donation of \$\_\_\_\_\_ USD.

I do not wish to make a donation.

Learn more about donating: [asvcp.org/ASVCPDonationFunds](http://asvcp.org/ASVCPDonationFunds)

**Membership Fees**

Membership runs from January through December. Dues are not prorated.

**Please check one:**

- Regular Member: \$170
- Graduate Student: \$90\*
- Intern: \$90\*
- Resident: \$90\*
- Veterinary Laboratory Technologist: \$90
- Medical Laboratory Technologist: \$90
- Veterinary Medical and Undergraduate Student: \$25\*
- Emerging Nations Member: \$25\*\*

\*Signature of faculty mentor/advisor is required for these membership levels.

Name of Mentor/Advisor: \_\_\_\_\_

Institution: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*Member must be applying from a country classified as low-income, lower-middle-income, or upper-middle-income economies, as determined by the World Bank.

**Payment Methods**

Check or money order payable to ASVCP, U.S. funds only (must be drawn from a U.S. Bank)

Visa  MasterCard  American Express

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder's Name (please print): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Membership Contact and Listserv Information**

- Yes, I would like to OPT IN and receive emails from ASVCP.
- Yes, please include me in the online directory.
- Yes, I'm interested in receiving mailings from outside companies.
- Yes, please add me to the ASVCP Listserv.