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

2026 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:

❒ Academia
❒ Diagnostic Pathology
❒ Industry Pathology
❒ Intern/Resident/Grad Student
❒ Laboratory Professional/Staff
❒ Medical Technologist
❒ Veterinarian
❒ Veterinary Medical or Undergraduate Student
❒ Other: _____

Position Title: _____

Job Description: _____

Specialty/Area of Interest

Please check all that apply:

❒ Applied Research
❒ Basic Research
❒ Clinical Chemistry
❒ Cytology
❒ Hematology
❒ Laboratory Management
❒ Surgical Pathology
❒ Other: _____

Board Certified

❒ Yes ❒ No

Year of Certification: _____ Credentials: _____

Would you like to participate on an ASVCP Committee?

❒ EDI Working Group
❒ Education
❒ Program
❒ Media and Communications
❒ Quality Assurance & Standards
❒ Regulatory Affairs
❒ Resident Liaison Group
❒ Share the Future

Learn more about committees: 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

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.

Please send completed application and fee to: ASVCP • 4300 Duraform Lane, Ste A • Windsor, WI 53598 USA
Questions? Please contact ASVCP Membership Department at +1-608-443-2479