



# American Society for Veterinary Clinical Pathology

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## Membership Application Supporting Documentation

Date: \_\_\_\_\_

To: ASVCP Executive Board

From: Applicant Name: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

This form is a mandatory step for the application for membership in the below defined categories to the American Society for Veterinary Clinical Pathology. I certify that the information I provided here is correct and that I meet the requirements for this membership category. I also agree that, if accepted, I will be governed by the Society's bylaws as long as I remain a member.

**I wish to be considered for membership in the American Society for Veterinary Clinical Pathology as a (check one):**

- Graduate Student Member  
*A full-time graduate student in good-standing endorsed by their principal investigator or department chair.*
- Undergraduate Student or Veterinary Student Member  
*A full-time student in good-standing endorsed by their department chair or professor.*
- Intern Member  
*A full-time intern in good-standing endorsed by their supervisor or advisor.*
- Resident Member  
*A full-time resident in good-standing endorsed by their supervisor or advisor.*

Per criteria for this membership, I am submitting the following:

**Endorsement (required):** To be completed by the principal investigator, professor, faculty advisor, supervisor, or department chair at the university.

**Dear ASVCP Executive Board Members:**

**I certify that (applicant's name) \_\_\_\_\_ is a full-time student, resident, or intern, regularly enrolled in and pursuing training or a degree at (university or institution name) \_\_\_\_\_.**

\_\_\_\_\_  
**Signature of Professor, Supervisor, Dept. Chair or Principal Investigator**      **Date**

### **Contact Information of Endorser - Required**

Print Name: \_\_\_\_\_

Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Department: \_\_\_\_\_

*Please complete and upload this form in the required field in your online application.*