



American Society for Veterinary Clinical Pathology

2424 American Lane • Madison, WI 53704-3102 USA

Phone: 1-608-443-2479 • Fax: 1-608-443-2474 • Email: info@asvcp.org

2019 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"/> Education | <input type="checkbox"/> Regulatory Affairs |
| <input type="checkbox"/> Laboratory Professionals | <input type="checkbox"/> Share the Future |
| <input type="checkbox"/> Program | <input type="checkbox"/> Web |
| <input type="checkbox"/> Quality Assurance & Standards | |

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

Membership Fees

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

Please check one:

- Regular Member: \$165
 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 with a GNI per capita rate of <\$12,236 as set 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: _____

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 • 2424 American Lane • Madison, WI 53704, USA

Credit card users may fax their application to: +1-608-443-2474

Questions? Please contact ASVCP Membership Department at +1-608-443-2479