



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

2017 Membership Application

Name: _____ Degrees: _____

Affiliation: _____ Female Male

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 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 Outreach |
| <input type="checkbox"/> Quality Assurance & Standards | |

Journal

A subscription to *Veterinary Clinical Pathology* is included with your membership. In 2016, journal access became electronic only. If you would like a print copy of the journal, please add \$60.

Print \$60.00 U.S.

Membership Fees

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

Please check one:

- Regular Member \$150.00 U.S.
- Medical Laboratory Technologists/
Veterinary Laboratory Professionals/Staff. \$80.00 U.S.
- Veterinary Medical Students, Interns,
Residents, & Graduate Students \$80.00 U.S.
Signature of faculty mentor/advisor is required for this membership level.

Name of Mentor/Advisor: _____

Institution: _____

Signature: _____

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 List-Serv Information

- Check box if you would NOT like to be included in the online directory.
- Check box if you would NOT like to receive postal mailings by outside agencies related to our field for advertising purposes.
- Check box if you would like to join the ASVCP List-Serv.

Please send completed application and fee to: ASVCP • 2424 American Lane • Madison, WI 53704, USA

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

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