

## **ASSOCIATION FOR MOLECULAR PATHOLOGY**

Education. Innovation & Improved Patient Care. Advocacy.

9650 Rockville Pike. Bethesda, Maryland 20814

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## **International Affiliate Application**

IMPORTANT: Before submitting an application, please review thoroughly the International Affiliate Agreement for details regarding criteria for affiliation and each Party's obligations.

Organization Name:	
Organization Type:    Asso	ociation / Society    Educational/Medical Institution
Affiliate Coordinator:	This individual will be the liaison between the Affiliate and AMP and will provide regular updates to AMP on the Affiliate's activities.
Name and Degree	
Institution	
Address 1	
Address 2	
Country	
Telephone:	
Fax:	
Email:	
Website:	
Current number of members	
in the Organization	
Current number of AMP	
members	
Long-term (≥5 years) AMP	Name & Degree(s):
Regular member Sponsor (if	Employer / Institution:
required – see Agreement)	Email:

List of AMP members: please attach a list of AMP members including names and contact information.

Mission/Vision/Strategic Goals of the Organization (use additional pages as necessary):

Purpose intended for Affiliate Relationship (use additional pages as necessary):
IMPORTANT: Please attach documentation proof that the organization is a legal entity in your country.
Affiliate Coordinator Statement:
<ul> <li>On behalf of the Organization named above, I hereby apply for Affiliate Relationship with the Association for Molecular Pathology.</li> </ul>
<ul> <li>By signing below, I acknowledge on behalf of the Directors and Officers of the Organization named above that we have reviewed and will sign (execute) the International Affiliate Agreement upon notification of acceptance.</li> </ul>
Print Name
Signature and Date

Please FAX or scan and return completed form by email to:

Attn: International Affairs Committee Association for Molecular Pathology FAX: +1 301-634-7995 Email: amp@amp.org