



ASSOCIATION  
FOR MOLECULAR  
PATHOLOGY

# 2022 Membership Application

Association for Molecular Pathology, 6120 Executive Blvd., Suite 700, Rockville, MD 20852  
fax: 301-634-7995, phone: 301-634-7939, email: amp@amp.org, web: www.amp.org  
Membership is valid through December 31, 2022. Membership dues are non-refundable.

## GENERAL INFORMATION

Name \_\_\_\_\_

Employer \_\_\_\_\_

Department \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Postal Code & Country \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

## POSITION Select the one closest descriptor.

- Administrative Director
- Clinician (Non-Pathologist)
- Genetic Counselor
- Investor
- Laboratory Director (Includes Doctoral Scientists & Pathologists)
- Laboratory Manager (non-director, most work primarily NOT at bench)
- Laboratory Technologist/Technician
- Laboratory Supervisor (non-director, most work primarily at bench)
- Other Corporate Position
- Patient/Patient Advocate
- Payer
- President, CEO, Chair or Dean (of school, dept., org., or co.)
- Regular independent (or faculty) clinical staff (doctoral, post-training)
- Regulatory Staff
- Sales/Marketing Staff
- Trainee (Student/Resident/Fellow)
- Other \_\_\_\_\_

## PRIMARY WORKPLACE SETTING

- Academic Center
- Community Hospital
- Commercial/Reference Lab (Large - Molecular and General Tests)
- Commercial/Reference Lab (Specialty/Focused Testing)
- Government
- Industry (diagnostics products manufacturing)
- Industry (pharmaceutical products manufacturing)
- Industry (other)
- Nonprofit Organization (NGO) not otherwise listed
- Private Lab
- Other \_\_\_\_\_

## PRIMARY DEGREE

Select one.

- BA/BS
- DDS
- DO
- DVM
- MA/MS
- MBBS
- MBCHB
- MD
- MNAMS
- PhD
- MD/PhD

## CERTIFICATION(S)

Check all that apply.

- CCRP
- CLSp(MB)
- CT(ASCP)
- DAACC HCLD
- D(ABMM)
- DACVP
- FACMG
- FACP
- FRCPC
- HCLD
- HT(ASCP)
- MNA
- MP(ASCP)
- PA(ASCP)
- SCT(ASCP)
- SI(ASCP)
- SV(ASCP)
- Other \_\_\_\_\_

## PRIMARY WORKPLACE ACTIVITY

Select one primary activity.

- Clinical / Medical Services
- Research
- Both Clinical and Research
- Executive / Administrator
- Financial / Marketing / Sales
- Education
- Other \_\_\_\_\_

## SUBDIVISION(S)

Check all that apply.

- Genetics
- Hematopathology
- Infectious Diseases
- Informatics
- Solid Tumors

## MEMBER TYPE

For information on Member Types or to view the current list of World Bank Country Classifications (High, Upper-Middle, Lower Middle, Low income) visit: [www.amp.org/membership/join-renew/](http://www.amp.org/membership/join-renew/)

## REGULAR MEMBERS

REGULAR:

- High Income \$210\*
- Upper Middle \$150
- Lower Middle \$110
- Low Income \$50

TECHNOLOGIST: See reverse for AMP's definition of a Technologist for membership purposes.

- High Income \$75\*
- Upper Middle \$75
- Lower Middle \$75
- Low Income \$50

EARLY CAREER: Transitioning from Associate to Regular Member. One year, only.

- High Income \$100\*
- Upper Middle \$75
- Lower Middle \$55
- Low Income \$25

## ASSOCIATE MEMBERS

Check appropriate box below. Your supervisor or head of educational unit MUST initial and provide the information below.

Fellow  Resident  Student \$0 I VERIFY THAT THIS APPLICANT IS A STUDENT, FELLOW OR RESIDENT IN MY TRAINING PROGRAM. INITIALS: \_\_\_\_\_

SUPERVISOR'S NAME

SUPERVISOR'S EMAIL

SUPERVISOR'S SIGNATURE

TRAINING PROGRAM

## JMD SUBSCRIPTION

\* Regular - members in High Income Countries automatically receive a print copy of JMD. All members receive free online access to JMD. Select below if you would like to add a print subscription to your membership.

Print subscription.....\$50

One subscription per member. This rate is not valid for Regular, non-technologist members in high-income countries.

## PAYMENT INFORMATION (U.S. DOLLARS)

Balance Due \$ \_\_\_\_\_  MasterCard  Visa  AMEX  Discover  Check Enclosed

Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_  
U.S. Dollars Payable to AMP

Billing Zip Code \_\_\_\_\_ 3 or 4 Digit CVV# \_\_\_\_\_

Name on Card \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

## BILLING INFORMATION (IF DIFFERENT)

Name \_\_\_\_\_

Street \_\_\_\_\_

Apt/Office #: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code/Country \_\_\_\_\_