



**ASSOCIATION  
FOR MOLECULAR  
PATHOLOGY**

# 2025 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, 2025. Membership dues are non-refundable.

## GENERAL INFORMATION

Name \_\_\_\_\_

Employer \_\_\_\_\_

Department \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

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

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

Email \_\_\_\_\_

## PRIMARY DEGREE

Select one.

- Bachelors
- Masters
- DDS
- DO
- DVM
- MBBS
- MBCHB
- MBChB
- MNAMS
- MD
- PhD
- MD/PhD
- DO/PhD
- JD
- PharmD
- Other \_\_\_\_\_

## CERTIFICATION(S)

Check all that apply.

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> CCRP       | <input type="checkbox"/> HT(ASCP)    |
| <input type="checkbox"/> CLSp(MB)   | <input type="checkbox"/> MNA         |
| <input type="checkbox"/> CT(ASCP)   | <input type="checkbox"/> MP(ASCP)    |
| <input type="checkbox"/> DAACC HCLD | <input type="checkbox"/> PA(ASCP)    |
| <input type="checkbox"/> D(ABMM)    | <input type="checkbox"/> SCT(ASCP)   |
| <input type="checkbox"/> DACVP      | <input type="checkbox"/> SI(ASCP)    |
| <input type="checkbox"/> FACMG      | <input type="checkbox"/> SV(ASCP)    |
| <input type="checkbox"/> FACP       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> FRCPC      |                                      |
| <input type="checkbox"/> HCLD       |                                      |

## 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 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:

- |                                       |        |
|---------------------------------------|--------|
| <input type="checkbox"/> High Income  | \$250* |
| <input type="checkbox"/> Upper Middle | \$150  |
| <input type="checkbox"/> Lower Middle | \$110  |
| <input type="checkbox"/> Low Income   | \$50   |

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

- |                                       |       |
|---------------------------------------|-------|
| <input type="checkbox"/> High Income  | \$75* |
| <input type="checkbox"/> Upper Middle | \$75  |
| <input type="checkbox"/> Lower Middle | \$75  |
| <input type="checkbox"/> Low Income   | \$50  |

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

- |                                       |        |
|---------------------------------------|--------|
| <input type="checkbox"/> High Income  | \$100* |
| <input type="checkbox"/> Upper Middle | \$75   |
| <input type="checkbox"/> Lower Middle | \$55   |
| <input type="checkbox"/> 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 YEAR STARTED AND ANTICIPATED YEAR OF COMPLETION: \_\_\_\_\_

## 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 \_\_\_\_\_