



**ASSOCIATION
FOR MOLECULAR
PATHOLOGY**

2026 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, 2026. **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 DEGREE

Select one.

- Bachelors
- Masters
- DDS
- DO
- DVM
- MBBS
- MBCHB
- MBBCh
- 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 | |

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/

REGULAR MEMBERS

REGULAR:

- | | |
|---------------------------------------|-------|
| <input type="checkbox"/> High Income | \$240 |
| <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

- Print subscription.....\$35
One subscription per member.

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 _____