CLMA Membership Application

Name _____

Title _____

Please check where you would like your bills/invoices sent:
❑ Company address ❑ Home address

Please check where you would like your mail (*e.g.*, journal) sent:
❑ Company address ❑ Home address

Company _____

Company Address _____

Line 1 _____

Line 2 _____

City _____

State/Province _____ Postal Code _____

Country _____

Telephone Number _____

Fax Number _____

Email _____

Home address _____

Line 1 _____

Line 2 _____

City _____

State/Province _____ Postal Code _____

Country _____

Telephone Number _____

Email _____

Please print your email address clearly. Your email is required to receive CLMA Email Alerts and Vantage Point. CLMA does not sell its members' email addresses to third parties for any purpose.

No. years in current position _____

Type of Facility

❑ Hospital with bed size of: ❑ Less than 100 ❑ 100-299 ❑ 300-499 ❑ More than 500
❑ Independent Laboratory
❑ Physician Office Laboratory
❑ Government Laboratory
❑ College/University
❑ Industry/Vendor
❑ Other _____

Test volume _____tests per year
(CPT billable tests only)

Dues paid ❑ by me ❑ by employer ❑ by both

CLMA member sponsor

_____

Where did you hear about CLMA?

❑ Colleague ❑ Was a previous member
❑ *Vantage Point* ❑ *CLMR*
❑ CLMA Web site ❑ CLMA Email Alert
❑ CLMA chapter activity ❑ Brochure/flyer
❑ CLMA/ASCP Conference
❑ CLMA educational program _____
❑ CLMA exhibit at _____
❑ Ad in _____
❑ Other (please name) _____

Preferred CLMA chapter

_____

To find the chapter nearest to you and the dues for that chapter, use the Chapter Finder in the Chapter section of www.clma.org.

Annual Dues

❑ $135 Regular Member in North America

❑ $150 Regular Member outside North America

❑ $55 Associate Member*
- ❑ Student (5-year limit)
- ❑ Pathology Resident (5-year limit)
- ❑ Former Retired Member (must have been a regular member for a minimum of 2 years)

**Associate members do not receive CLMA's journal*

❶ **CLMA Annual Dues** _____
❷ **Chapter Dues (see above)** _____
Total (❶ + ❷) _____

PAYMENT INFORMATION
(*US funds only drawn on a USA bank*)

❑ Check payable to "CLMA"

❑ VISA ❑ M/C ❑ AMEX ❑ Discover

Card number _____

Expiration date _____

Name on card _____

Cardholder signature _____

❑ I would like to participate in automatic annual renewal.
(Credit card payments only.)

Contribution or dues to CLMA are not deductible contributions for federal income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense subject to restrictions imposed as a result of association lobbying activities. CLMA estimates that the nondeductible portion of your 2004 dues allocable to lobbying is 15%.

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