

## MEMBERSHIP APPLICATION

**Name** \_\_\_\_\_

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

**Company** \_\_\_\_\_

Company Address \_\_\_\_\_

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email \_\_\_\_\_

**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 \_\_\_\_\_

**Title** \_\_\_\_\_

Please check where you would like your mail sent:  
 Company address     Home address

**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 all CLMA publications. CLMA does not sell its members' email addresses to third parties for any purpose.

**Test volume** \_\_\_\_\_ tests per year  
*(CPT billable tests only)*

**Dues paid**     by me     by employer     by both

**CLMA member sponsor** \_\_\_\_\_

**Preferred CLMA chapter** \_\_\_\_\_

To join a chapter, chapter dues must be included with your payment. 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](http://www.clma.org).

Members may join any chapter regardless of geographic location, and are also welcome to join more than one chapter. For assistance in joining more than one chapter, please contact our Membership team at [membership@clma.org](mailto:membership@clma.org) or at 610/995-9580.

I'm interested in joining a chapter but need more information. Please contact me!

**Thank you!**

### ANNUAL DUES (Effective until 1/1/08)

- \$165 Regular Member in North America
- \$170 Regular Member outside North America
- \$55 Associate Member - Student (5-year limit)
- \$55 Associate Member - Pathology Resident (5-year limit)
- \$55 Associate Member - Former Retired Member  
(must have been a regular member for a minimum of 2 years)

*Associate Members do not receive Clinical Leadership & Management Review and are non-voting members. If you apply as an Associate Member, CLMA will contact you to verify your eligibility.*

**1 CLMA Annual Dues** \_\_\_\_\_

**2 Chapter Dues** (see above) \_\_\_\_\_

**Total** (1 + 2) \_\_\_\_\_

### Payment Information (US funds only drawn on a USA bank)

- Check payable to "CLMA"
- VISA     M/C     AMEX     DISCOVER

Account number: \_\_\_\_\_

Exp. date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

CLMA dues 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 dues allocable to lobbying is 15%.