

2010 NEW MEMBER 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 _____

ANNUAL DUES

- \$75 Associate Member - Student (5-year limit)
 \$75 Associate Member - Pathology Resident (5-year limit)
 \$75 Associate Member - Former Retired Member (must have been a regular member for a minimum of 2 years)
 \$75 Future Leaders - (3-year limit, not a previous CLMA member)
 \$195 Regular Member in North America
 \$200 Regular Member outside North America
 \$2,500 Lifetime Member

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) _____

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.

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 or at 312/321-5111.

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

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%.

2010 NEW CORPORATE/BUNDLED MEMBER APPLICATION

Billing/Membership Primary Contact Name: _____
(may be one of the delegates listed below)

Company Name: _____

Company Address: _____

City: _____

State/Province: _____ Postal Code: _____

Country: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

For **Corporate Members**, please list **up to five** delegates to receive CLMA Regular Membership benefits.
For **Bundled Memberships**, please list **up to three** (one of the members must not have been a CLMA member within the past three years):

1. Name: _____

Phone Number: _____

Email Address: _____

2. Name: _____

Phone Number: _____

Email Address: _____

3. Name: _____

Phone Number: _____

4. Name: _____

Phone Number: _____

Email Address: _____

5. Name: _____

Phone Number: _____

Email Address: _____

Annual Dues:

\$450 Bundled Membership

\$5,000 Corporate Membership - Hospital/Laboratory

\$5,000 Corporate Membership - Vendors/Industry Partners

For more information on CLMA's membership categories, visit www.clma.org

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: _____