



Name: _____

Company/Institution: _____

Address: _____

City: _____ State/Province: _____ Country: _____

Postal Code: _____ Email: _____ Phone: _____

Referring Member: _____

Membership Type:

- Membership options with prices: Physician Member ** (\$225), Nurse/Nurse Practitioner/Midwife** (\$175), Physician Assistant** (\$175), Researcher** (\$175), World Bank Rate*, ** (\$125), Resident* (\$35), Resident with online Journal subscription* (\$85), Student* (\$35), Student with online Journal Subscription* (\$85), Journal print subscription** (\$35)

*See website for specific requirements

**All memberships include online journal subscription, except Emeritus, Resident and Student

TOTAL \$ _____

Credentials (select all that apply):

- Credential options: ANP, ARNP, DNP, MBChB, MSN, PANCE, Other (List Below), AOCN, BSN, DO, MD, NP, RN, AOCNP, CNA, FNP, MPH, PA-C, PhD, ARC-PA, CNM, LPN, MSc, PhramaD, WHNP

Specialty (select all that apply):

- Specialty options: Dermatology, Internal Medicine, Pediatrics, Family Medicine/General Practice, Internist, Pharmacy, Gyn Oncology, Ob/ Gyn, Oncology, Surgery, Ob/ Gyn, Pathology, Other

Professional Setting (select all that apply):

- Professional Setting options: Academia (teaching/research), Hospital, Office/Clinic, Government, Industry, Other

In compliance with GDPR, If you would like to opt out of the following member benefits, please check the boxes (if applicable):

- ASCCP Advisor, Online Journal, Membership Directory

Payment Information:

Method: Check (Checks may be mailed to the ASCCP Office at the address below.)

Credit Card: Visa, American Express, Discover, MasterCard

Credit Card Number: _____

Expiration Date (Month/Year) Security Code: _____

Name on Card: _____

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