



Name: _____

Company/Institution: _____

Address: _____

City: _____ State/Province: _____ Country: _____

Postal Code: _____ Email: _____ Phone: _____

Membership Type:

- Physician Member * \$225
Nurse/Nurse Practitioner/Midwife* \$175
Physician Assistant* \$175
Researcher* \$175
World Bank Rate* \$125
Trainee* \$15
Student Resident Fellow Postdoc
Trainee with online Journal subscription* \$65
Student Resident Fellow Postdoc
Emeritus* \$0
Emeritus with online Journal subscription * \$50
Journal print subscription** \$35

**Memberships include online journal subscription
*See website for specific requirements

TOTAL \$ _____

Credentials (select all that apply):

- 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 PharmaD WHNP

Specialty (select all that apply):

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

Professional Setting (select all that apply):

- 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

Licensure:

Has your license to practice ever been revoked? Yes No

Have you ever been denied a license to practice? Yes No

Have you ever voluntarily surrendered your license? Yes No

Have you ever been the subject of any professional misconduct proceedings or are they pending? Yes No

Have any sanctions or restrictions been imposed by any licensing authority? Yes No

If yes to any of the above, please explain: _____

Have you ever been convicted of committing an act constituting a crime or felony? Yes No



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 _____ / _____ Security Code: _____
(Month) (Year)

Name on Card: _____

Signature: _____