ASCCP

Improving Lives Through the Prevention & Treatment of Anogenital & HPV-Related Diseases

Institutional Resident Membership Application

Institution/Company:_____

Residency Director Name:_____

Address: _____

City:_____ **State/Providence:** _____ **Country:**_____

Postal Code:_____ **Phone:** _____

Email:_____

Please indicate total number of the Residents you are paying for in the box below. Each individual will need to complete the Resident Membership Application, which should be attached with this form.

Qty	Membership Type		Price Per Membership	Subtotal
	Resident	x	$15	
	Resident with Online Journal Subscription	x	$65	
	Resident with Online & Print Subscription	x	$110	
			TOTAL	

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:_____

Return the Institutional Resident Membership Application and Resident Applications via email, fax, or mail.

1530 Tilco Dr, Suite C, Frederick, MD 21704 | P: (800) 787-7227 | F: (240) 575-9880 | info@asccp.org

Improving Lives Through the Prevention & Treatment of Anogenital & HPV-Related Diseases

Resident Membership Application

Name:_____

Institution/Company:_____

Residency Director Name:_____

Address: _____

City:_____ **State/Providence:** _____ **Country:**_____

Postal Code:_____ **Phone:** _____

Email:_____

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	☐ PhramaD	☐ WHNP	_____

Specialty (select all that apply):

☐ Dermatology	☐ Internist	☐ Pharmacy
☐ Family Medicine	☐ Ob/Gyn	☐ Surgery
☐ General Practice	☐ Oncology	☐ Other_____
☐ Gyn Oncology	☐ Pathology	
☐ Internal Medicine	☐ Pediatrics	

Professional Setting (select all that apply):

☐ Academia (teaching/research)	☐ Hospital	☐ Office/Clinic
☐ Government	☐ Industry	☐ Other_____

In order to comply with the General Data Protection Regulation (GDPR), members must provide consent for their data to be transferred to third party vendors. If you wish to opt out of the member benefits below, please check the boxes.

☐ Opt out of data being sent to Multiview for your subscription to the ASCCP Advisor (e-weekly newsletter)

☐ Opt out of data being sent to ASCCP's publisher for your Journal Subscription (only applicable to those who subscribe)

Return the this form to your Residency Director.

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