



Name: _____

Company/Institution: _____

Address: _____

City: _____ State/Province: _____ Country: _____

Postal Code: _____ Email: _____ Phone: _____

Membership Type:

- Membership options including Physician Member, Nurse, Physician Assistant, Researcher, World Bank Rate, Trainee, Emeritus, and Journal subscriptions with associated costs.

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

TOTAL \$ _____

Credentials (select all that apply):

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

Specialty (select all that apply):

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

Professional Setting (select all that apply):

- Professional Setting options: Academia (teaching/research), Government, Hospital, Industry, Office/Clinic, and 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Has your license to practice ever been revoked?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: _____