



## AMLI MEMBERSHIP APPLICATION

GENERAL INFORMATION	
Name:	
Degree:	
Institution/Company:	
Address:	
City, State, Zip:	
Phone:	
Fax:	
E-Mail:	
MEMBERSHIP CATEGORIES AND FEES	
<b>Regular</b>	\$85/year
<b>Fellow</b> (Board certified or laboratory director)	\$120/year
<b>Student</b> (Include a letter from your mentor)	\$25/year
<b>Corporate</b>	\$750/year
REMITTANCE - YEARLY AMLI MEMBERSHIP DUES	
Enclosed is my check payable to AMLI in the amount of	\$
Please charge my VISA/MasterCard (We do not accept American Express)	\$
Name as it appears on credit card (Please print)	
Credit Card #	
Exp. Date	____/____
Signature (CC payment only)	

Please return this application form, a copy of your C.V., and payment (check or CC) for the correct membership category to:

Maggie Fogel  
34 West 83rd Street Suite R  
New York, NY 10024  
Fax: 212-873-2344



## AMLI MEMBERSHIP BENEFITS

### Annual Meeting

Held in the summertime where all members can discuss the latest issues in laboratory testing and advances in Clinical Immunology.

### Committee Memberships

The membership is encouraged to participate in committees whose activities include Education, Regulatory Affairs, Membership, and Standards.

### Membership Roster

Contains a list of many individuals working in leading hospital, clinic, reference, and national testing laboratories who are experts in the wide variety of testing performed in today's busy clinical laboratories. The membership also includes professionals involved in the development and manufacture of diagnostic testing reagents and equipment.

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