

WHAT THE AMLI OFFERS ITS INDIVIDUAL MEMBERS ~ 2021

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.

Meeting Registration Fee - AMLI Members have a lower Annual Meeting registration fee, as well as a lower Annual Dinner fee.

Online 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.

Online Access to Past Meeting Lectures - view videos of past meeting lectures

Membership in DISCOURSE - an online discussion group for AMLI members only based on the COVID-19 pandemic.

AMLI MEMBERSHIP APPLICATION

| | |
|----------------------------|--|
| Name | |
| Degree | |
| Institution/Company | |
| Address | |
| City, State, Zip | |
| Phone | |
| Fax | |
| E-Mail | |

MEMBERSHIP CATEGORIES AND FEES

| | |
|--|-------------------|
| Regular | \$125/year |
| Fellow (Board certified or laboratory director) | \$175/year |
| MT/CLS, Student or Post-Doctoral (Include a letter from your lab director or mentor) | \$50/year |
| Corporate | \$750/year |

REMITTANCE - 2020 AMLI MEMBERSHIP DUES

| | |
|---|------------------------------------|
| Enclosed is my check payable to AMLI in the amount of | \$ |
| Please charge my VISA/MasterCard (Amex not accepted) | \$ |
| Name as it appears on credit card (Please print) | |
| Credit Card # | |
| Exp. Date | ____/____ CVV Code: _____ |
| Address if different from above | Address: City/State/Zip: |
| Signature (CC payment only) | |

Please return this application form, a copy of your C.V., a cover letter explaining your interest and/or experience in laboratory immunology, and payment (check or CC) for the correct membership category to:

Maggie Fogel
40 Prospect Street, Portsmouth, New Hampshire 03801
Fax: 603-610-7288 - Email: maggie@maggiefogel.com