

## Application for Membership

Please complete this application in full. Question can be directed to [membership@asip.org](mailto:membership@asip.org).

Name

Job Title (Student is acceptable)

Institution

Department

Business Address

Suite/Floor | City | State

Zip or Postal Code | Country

Business Phone

Cell Phone

Email

Date of Birth (Month/Day/Year)

Gender Identity (Optional)

- Man  Woman  Transgender  Non-binary  Prefer not to respond

Ethnicity (Optional)

- Asian  
 Black/African American  
 Caucasian  
 Hispanic or Latino  
 Native American  
 Pacific Islander or Alaska Native  
 Prefer not to disclose  
 Other \_\_\_\_\_

Certifications (Please list)

Degrees: (check all that apply)

- PhD  DVM  MD  DO  MD/PhD  
Other \_\_\_\_\_

If you were referred by a current ASIP member, please provide name:

Membership Type

- Science Educator \$25  
 Laboratory Scientist \$50  
 Research Scientist \$50  
 Undergraduate Student \$10  
 Pre-Doctoral Student \$25  
 Post-Doctoral Fellow \$50  
 Senior Post-Doctoral Fellow \$75  
**Next-Generation Scientist**  
 \$150 - 1 year Option  
 \$260 - 2 year Option  
 \$390 - 3 year Option  
 Regular \$300

All Applicants for Trainee Membership Categories Listed Above MUST Complete the Following:

(A) I expect to receive the following degree:

PhD DVM In \_\_\_\_\_

MD DO (year conferred)

D/PhD Other \_\_\_\_\_

(B) Please have your supervisor or head of educational unit complete the following: I verify that this applicant is a student, fellow, or resident in my training program. Supervisor's Name (Please print)

Supervisor's Email (Please print)

Supervisor's Signature

## Application for Membership

### Scientific Interest Groups and Membership Communities

Please check all groups/communities that you would like to join:

- Biobanking
- Breast Cancer
- Cell Injury
- Digital and Computational Pathobiology
- Environmental and Toxicologic Pathology
- Gene Expression
- Immunohistochemistry and Microscopy
- Infectious Disease
- Inflammation/ Immunopathology
- Liver Pathobiology
- Molecular Diagnostic Pathology
- Neoplasia/Growth Regulation
- Neuropathology
- Pulmonary Pathobiology
- Regenerative Medicine and Stem Cells
- Tumor Microenvironment and Metastasis
- Vascular and Mucosal Pathobiology
- Veterinary and Comparative Pathology
- Women in Pathology

### Upgrade Journal Subscriptions to Include Print

- The American Journal of Pathology (AJP)**
  - \$50 - Print Upgrade (USA)
  - \$125 - Print Upgrade (International)
- The Journal of Molecular Diagnostics (JMD)**
  - \$50 - Print Upgrade (USA & International)

### How to Submit Your Application

#### Email

Complete the application form (including your payment information) and email the form along with your CV or Biosketch to [membership@asip.org](mailto:membership@asip.org).

#### Mail

Complete the application form (including your payment) enclosing a copy of your CV or Biosketch.

Mail to: American Society for Investigative Pathology

Attn: Membership Department

1801 Rockville Pike • Suite 350 • Rockville, MD 20852 (USA)

*Applications are reviewed and subject to approval in accordance with the [ASIP Bylaws](#). Your membership benefits will commence immediately following approval of your application. Membership dues are renewable on a calendar year basis. I understand that my application for membership will NOT be processed without my CV/Sketch.*

#### Payment

- Check (Payable to ASIP)
- VISA
- MasterCard
- American Express

Card #

Exp Date

CVV#

Name on Card (Please print)

Signature