



## MEMBERSHIP APPLICATION

(Please print or type all information)

Name		Rank/Grade	SSN
Branch of Service	Duty Status: Active <input type="checkbox"/> Reserve/NG <input type="checkbox"/> Civilian <input type="checkbox"/> Retired <input type="checkbox"/>		Corps
Duty/Business Address		Phone	
Home Mailing Address		Phone	

### EDUCATION

Institution, City, State	Dates Attended	Major	Degree	Laboratory Science* Credit Hours

\*Biochemistry, Laboratory Management/Administration, Medical Technology, Anatomical Pathology, Clinical Pathology, Toxicology, Microbiology, Cytology, Biomedical Research, etc.

### CERTIFICATIONS, REGISTRATIONS, LICENSURES (DATES)


### MEDICAL LABORATORY WORK EXPERIENCE (Military/Civilian)

Location	Position Title	Dates

