



ASSOCIATION OF
GENETIC TECHNOLOGISTS

New Membership Application

Regular Members. Regular membership shall be available to persons who are professionally interested in the field of genetics.

Student Members. Student membership shall be available to persons who are pursuing a full or part-time course of study at an educational institution or school and who are interested in pursuing a career in the field of genetics.

Emeritus Members. Emeritus membership shall be available to persons who are retired from or inactive in the field of genetics.

Collaborative Members. Collaborative membership shall be available to persons who currently hold membership in any other health-related national organization and who have never been members of ACT/AGT.

Please check the membership category you are applying for:

- Regular Membership \$85 Emeritus \$40
 Student Membership \$35 Collaborative \$40

Please complete all information below. Please indicate in the check box which address you prefer for mail distribution and directory publication.

Name: _____
 Last First MI Certification

Home Address: _____
 City, State, Zip: _____ Phone: _____

Business Name: _____
 Business Address: _____
 City, State, Zip: _____ Phone: _____
 Fax: _____ E-mail: _____

The supplied address will be published in the directory unless otherwise specified.

Do not publish my address in the AGT Membership Directory

Membership Status: New Member Renewal

Referred By _____ Membership # _____

Did you use a different name last year: Yes No

Former Last Name _____ First Name _____ MI _____

I would like to serve on the following committee(s): *Check area(s) of interest*

Public Relations Education Membership Annual Meeting Publications

Position: *(check one)* Director Supervisor Technologist Lab Manager
 Head (Lead, Core) Technologist Tissue Culture Tech. Other

Principal area of Genetics: *(check one)* Biochemical Cytogenetics Molecular Other

Appropriate years experience in Genetics: under 2 2 to 4 5 to 7 8 to 10 over 10

NOTICE: OUR MAILING LIST IS MADE AVAILABLE TO OTHER ORGANIZATIONS AND/OR COMPANIES. IF YOU WISH YOUR NAME NOT TO APPEAR ON THESE LISTINGS, PLEASE CHECK HERE:

Mail application form and appropriate fee for membership in correct U.S. currency. Money order or check in U.S. funds drawn on a U.S. bank only. CHECKS DRAWN ON INTERNATIONAL BANKS WILL NOT BE ACCEPTED. **Make checks payable to Association of Genetic Technologists.** For your convenience, you may pay by VISA or MasterCard. Applications received after September 15 are applied toward the next membership year. **NOTE: Membership expires on December 31 of each year.**

VISA MasterCard



Account No. _____ Exp. Date _____

Signature _____

MAIL APPLICATION AND FEE TO:

**Association of
Genetic Technologists
P.O. Box 15945-288
Lenexa, KS 66285-5945
Phone: (913) 895-4605
FAX: (913) 895-4652**