



ASSOCIATION OF  
GENETIC TECHNOLOGISTS

# New Membership Application

Please check the membership category you are applying for:

<input type="checkbox"/> Regular Membership	\$95	<input type="checkbox"/> Emeritus	\$40
<input type="checkbox"/> Student Membership	\$35	<input type="checkbox"/> Collaborative	\$40

**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 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: \_\_\_\_\_ Preferred 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Do not publish my address in the AGT Membership Directory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  Annual Meeting  Membership Subcommittee

Although *The Journal of Genetic Technologists* is available online to ALL MEMBERS, only U.S. members can elect to receive a hard copy via regular U.S. mail for an additional fee of \$25. This fee covers four issues. If you are a U.S. resident and would like a hard copy of the *Journal*, please remit the additional fee with your membership application by checking the box below, and adding the amount to your total payment.  \$25 fee

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

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

**Appropriate years experience in Genetics:**  under 2  2-4  5-7  8-10  10-14  15-20  21-30  over 30

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 credit card. Applications received after September 15 are applied toward the next membership year. **NOTE: Membership expires on December 31 of each year.**

VISA  MasterCard  AMEX  Discover

Account No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Signature \_\_\_\_\_

MAIL APPLICATION AND FEE TO:

**Association of  
Genetic Technologists  
P.O. Box 19193  
Lenexa, KS 66285  
Phone: (913) 895-4605  
FAX: (913) 895-4652**