ASCCP | Improving lives through the prevention and treatment of anogenital & HPV-related diseases

Membership Application

Name: _____

Company/Institution: _____

Address: _____

City: _____ **State/Providence:** _____ **Country:** _____

Postal Code: _____ **Email:** _____ **Phone:** _____

Membership Type:

- ☐ Physician Member * $225
- ☐ Nurse/Nurse Practitioner/Midwife* $175
- ☐ Physician Assistant* $175
- ☐ Researcher* $175
- ☐ World Bank Rate* $125
- ☐ Trainee* $15
  ☐ Student ☐ Resident ☐ Fellow ☐ Postdoc
- ☐ Trainee with online Journal subscription* $65
  ☐ Student ☐ Resident ☐ Fellow ☐ Postdoc
- ☐ Emeritus* $0
- ☐ Emeritus with online Journal subscription * $50
- ☐ Journal print subscription** $35

***Memberships include online journal subscription*
**See website for specific requirements*

TOTAL $_____

Credentials (select all that apply):

☐ ANP	☐ ARNP	☐ DNP	☐ MBChB	☐ MSN	☐ PANCE	☐ Other (List Below)
☐ AOCN	☐ BSN	☐ DO	☐ MD	☐ NP	☐ RN	
☐ AOCNP	☐ CNA	☐ FNP	☐ MPH	☐ PA-C	☐ PhD	_____
☐ ARC-PA	☐ CNM	☐ LPN	☐ MSc	☐ PharmaD	☐ WHNP	_____

Specialty (select all that apply):

- ☐ Dermatology
- ☐ Family Medicine/ General Practice
- ☐ Gyn Oncology
- ☐ Ob/ Gyn
- ☐ Internal Medicine
- ☐ Internist
- ☐ Ob/ Gyn
- ☐ Oncology
- ☐ Pathology
- ☐ Pediatrics
- ☐ Pharmacy
- ☐ Surgery
- ☐ Other_____

Professional Setting (select all that apply):

- ☐ Academia (teaching/research)
- ☐ Government
- ☐ Hospital
- ☐ Industry
- ☐ Office/Clinic
- ☐ Other_____

In compliance with GDPR, If you would like to **opt out** of the following member benefits, please check the boxes (if applicable):
☐ ASCCP Advisor ☐ Online Journal ☐ Membership Directory

Licensure:

Has your license to practice ever been revoked? ☐ Yes ☐ No

Have you ever been denied a license to practice? ☐ Yes ☐ No

Have you ever voluntarily surrendered your license? ☐ Yes ☐ No

Have you ever been the subject of any professional misconduct proceedings or are they pending? ☐ Yes ☐ No

Have any sanctions or restrictions been imposed by any licensing authority? ☐ Yes ☐ No

If yes to any of the above, please explain: _____

Have you ever been convicted of committing an act constituting a crime or felony? ☐ Yes ☐ No

ASCCP | Improving lives through the prevention and treatment of anogenital & HPV-related diseases

Membership Application
(Continued)

Payment Information:

Method: ☐ Check (Checks may be mailed to the ASCCP Office at the address below.)

Credit Card: ☐ Visa ☐ American Express ☐ Discover ☐ MasterCard

Credit Card Number:_____

Expiration Date _____/_____ Security Code: _____
(Month) (Year)

Name on Card: _____

Signature:_____