

2011 Membership Dues Invoice

Membership Year is January 1 – December 31, 2011

Please return this invoice with payment

MEMBER INFORMATION

Member ID _____

Name _____

Job Title _____

Company _____

Department _____

Company Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Home Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Email _____

Business Phone _____ Fax _____

Home Phone _____ Year of Birth _____

Degrees Held _____ Certification _____

Please tell us:

- Which is your preferred mailing address? Business Home
- Which address should appear in the AACC online membership directory?
 Business Home

To view the AACC privacy policy and to modify your communication preferences, when you receive your receipt, login to www.aacc.org, click on "your aacc.org" and select "update your profile."

PAYMENT OPTIONS

(U.S. Funds Only) (Sorry, no purchase orders accepted)

Personal Check Enclosed Company Check Enclosed
 (payable to AACC in U.S dollars drawn on a U.S. bank)

Please charge my credit card: American Express MasterCard VISA

- - -

Expiration Date /
month year

Authorized Signature _____

Name on Card _____

Credit Card Billing Address (EXACTLY AS IT APPEARS ON YOUR STATEMENT) _____

Wire Transfer (Contact Customer Service for information.)

AACC dues are not tax deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense.

MEMBER DUES

- Full Member—\$210** Open to persons holding an earned baccalaureate or higher degree in science, medicine, or academic equivalent and engaged in professional activities commonly associated with clinical chemistry. Includes *Clinical Chemistry* journal.
- Affiliate Member—\$120** Open to persons with an interest in the clinical chemistry field who do not desire or qualify for other membership categories. Affiliates do not receive *Clinical Chemistry* journal.
- Student Member—\$35** Open to all undergraduate and graduate students engaged in full-time academic studies, and to residents and fellows. Please attach proof of academic status: i.e., a copy of a current student I.D. card or letter from professor.
- Emeritus Member—\$0** You must be retired, over the age of 55 and a member of the AACC for at least ten consecutive years. Emeritus members do not pay dues, but must pay for a print copy of the journal or any division memberships.

Total Membership Dues \$ _____

JOIN AACC DIVISIONS FOR SPECIALIZED INFORMATION

Please check the division(s) you wish to join for 2011.
 Member dues must be paid before joining a division.

- Animal Clinical Chemistry** (\$25) . . \$ _____
- Clinical Diagnostic Immunology** (\$15) . . \$ _____
- Clinical Translational Science** (\$20) . . \$ _____
- Critical and Point-of-Care Testing** (\$20) . . \$ _____
- History of Clinical Chemistry** (\$20) . . \$ _____
- Industry** (\$25) . . \$ _____
- Laboratory Information Systems and Medical Informatics** (\$15) . . \$ _____
- Lipoproteins and Vascular Diseases** (\$20) . . \$ _____
- Management Sciences and Patient Safety** (\$15) . . \$ _____
- Molecular Pathology** (\$15) . . \$ _____
- Nutrition** (\$15) . . \$ _____
- Pediatric and Maternal-Fetal** (\$20) . . \$ _____
- Proteomics** (\$15) . . \$ _____
- Therapeutic Drug Management and Toxicology** (\$15) . . \$ _____

Total Division Dues \$ _____

SUBSCRIPTIONS

Full and Student Members Only:

How would you like to receive your subscription to *Clinical Chemistry*?
 Online & Print Online only (no print copy)

Emeritus Members Only:

Emeritus members automatically receive an online only subscription to CCJ for free.
 To receive a print copy in addition to the online access there is a \$100 subscription fee.
 Online & Print (\$100 subscription fee) \$ _____

International Members Only:

Start Renew my subscription to *Clinical Laboratory News* (\$84 fee) \$ _____

Optional expedited airmail postage to *Clinical Chemistry* journal (\$290 fee) \$ _____

Total Subscription Dues \$ _____

Invoice Total \$ _____

Tax-Deductible Voluntary Contribution to the Van Slyke Foundation
 \$25 \$50 \$100 Other – please write in amount \$ _____

TOTAL AMOUNT ENCLOSED \$ _____