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Better health through laboratory medicine.

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MEMBERSHIP DUES

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Total Membership Dues \$ _____

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Total Division Dues \$ _____

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I authorize AACC to charge my credit card annually to renew my membership, and other subscriptions, dues and postage options at the rate(s) in effect at the time of renewal.

Authorized Signature _____

Authorized Name (print) _____

TOTAL. Membership, divisions, and subscriptions dues \$ _____

Send completed application form and payment to: AACC, PO Box 6001, McLean, VA 22106

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