# **AACC EXPRESS MEMBER APPLICATION**

## **AACC EXPRESS MEMBERSHIP**

AACC's Express Membership provides valuable resources and access for laboratory science professionals from emerging economy countries and others in the healthcare industry—including, but not limited to, Point-of-Care professionals, medical technicians and technologists, and nurses. Express Membership benefits include:

- **AACC Artery**—Network with colleagues in AACC's members-only online community.
- Interactive Membership Directory— Collaborate with colleagues around the world with enhanced networking and messaging tools.
- **Clinical Laboratory News**—Stay current with timely analysis of issues and trends affecting clinical laboratories.
- **CLN Stat Member Edition**—Keep up with the latest information on breakthroughs, legislative and regulatory actions, practice insights, and more.
- AACC SmartBrief—Stay abreast of hot trends in clinical diagnostics delivered weekly to your email box.
- Online Certificate Program Discounts— Earn CE credits with convenient, self-paced training in 13 on-demand programs.

**NOTE:** Express Members may not vote or make nominations in AACC elections, hold AACC elected office, chair AACC committees participate in scientific divisions, or receive member rates to attend the AACC Annual Scientific Meeting & Clinical Lab Expo. See AACC's Professional Member category for these and other benefits. For faster access to your benefits, join online at www.aacc.org/express

### COMPLETE YOUR MEMBER INFORMATION

Name			
Job Title			
Company Name	any Name Department		
Company Address			
City State,	/ Province	Zip/Postal Code	Country
Home Address			
City State,	/ Province	Zip/Postal Code	Country
Email 1	Ema	il 2	
Business Phone	Fav		
Business Phone	Fax		
Home Phone	Year	of Birth	
Gender ☐ Male ☐ Female Degr	ees Held	Certifications	
In the AACC Membership Directly You will be automatically enrolled to receive privacy policy and to modify your communications.	ve mail and email based	on AACC's standard privacy opt	ions. To view the AACC
TOTAL MEMBERSHIP DUES	5		\$65
CHOOSE YOUR PREFER	RED PAYMEN	IT METHOD	
☐ My check is enclosed, payable i	n U.S. dollars to AACC		
☐ Please charge my credit card:	☐ American Expre	ss	VISA
		Expiration Date	onth year
Name on Card			
Credit Card Billing Address (Exactly as it appears of Your AACC membership is valid for one fu		ur dues payment is processed b	by AACC.
AUTOMATIC RENEWAL	PLAN		
☐ I authorize AACC to annually chareffect for the year of renewal.		renew my AACC Membersh	ip at the rate(s) in
Authorized Signature			

## If you check the automatic renewal box, AACC will:

- 1. Notify you in advance of the date and the amount your credit card will be charged.
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You may cancel your automatic renewal at any time by contacting Customer Service at custserv@aacc.org or 1.800.892.1400 or 202.857.0717 or by mail to AACC Customer Service, P.O. Box 759230, Baltimore, MD 21275-9230.

Did a member refer you to AACC? If so, please tell us who so we can thank them.

Sponsoring Member's Name and Email Address

#### SEND COMPLETED APPLICATION AND PAYMENT TO:

**AACC** P.O. Box 759230, Baltimore, MD 21275-9230

