



New Membership Application 2018

Please check the appropriate membership category. If you are applying for a collaborative membership, please indicate the related organization and your member ID number:

Regular Membership \$100 Collaborative \$45
 Student Membership \$40 Organization: _____
 Emeritus Membership \$45 Member ID: _____

Recruited by: _____ Member ID: _____

Name: _____

Last	First	MI	Certification
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Home Address: _____
 City, State, Zip: _____ Phone: _____

Business Name: _____
 Business Address: _____
 City, State, Zip: _____ Phone: _____
 Fax: _____ Preferred Email: _____

The supplied address will be published in the directory unless otherwise specified.

Do not provide my address in the online 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 _____

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 11-15 16-20 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:

Please note: AGT does not accept purchase orders and does not bill/invoice for services.

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 Account No. _____ Exp. Date _____
 AMEX Discover CVV _____ Billing Zip _____

SEND APPLICATION AND FEE TO:

Association of Genetic Technologists
C/O Denise Juroske Short 219
Timberland Trail Lane
Rocky Top, TN 37769
Phone: 423/567-4AGT

[NOTE: Submission and acceptance of this membership application authorizes the AGT Executive Office the right and privilege to email you as a member. AGT does not sell or distribute in any other manner its member email address list.]

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.