

# INDIVIDUAL MEMBERSHIP APPLICATION



## 4 WAYS TO JOIN APF!

### PHONE

Call toll-free 877.993.9935  
Monday–Friday  
9:00 am– 5:00 pm ET

### FAX

Fax your completed application  
to 312.541.4998

### WEBSITE

Visit us at [www.apfconnect.org](http://www.apfconnect.org)  
and select "Membership"

### MAIL

Return your complete application  
(both sides) with payment to:  
APF  
3462 Eagle Way  
Chicago, IL 60678-1034

**PLEASE COMPLETE BOTH  
SIDES OF THIS FORM**

▶ **CONTACT INFORMATION:** PLEASE TYPE OR PRINT CLEARLY Date of Application \_\_\_\_\_

Full Name \_\_\_\_\_

**Professional Credentials** (check all that apply)

MD  DO  PhD  MBA  CPA  Other \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Company / Practice Name \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Company Email Address \_\_\_\_\_

Alternate Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate Email Address \_\_\_\_\_

(Please note that most of APF's communication with members takes place through email. By not specifying a work or personal email address, you may not receive all of the benefits and information provided through your membership.)

### Preferences:

Mailing Address:  Work  Alternate

Email Address:  Work  Alternate

### Would you be interested in:

APF Committee Work:  Yes  No Areas of Interest \_\_\_\_\_

Speaking Opportunities:  Yes  No Areas of Interest \_\_\_\_\_

I hereby grant permission to include my contact information in the following:

Online membership directory  Rented direct mailing list  Rented direct email list

Please indicate how you found out about APF:

APF Member: \_\_\_\_\_

Exhibit at Conference: \_\_\_\_\_

Industry Affiliate Partner: \_\_\_\_\_

APF Website

Related Association: \_\_\_\_\_

Other Source: \_\_\_\_\_

**APF Members Only Web Access:** Provide your preferred password to access the Members Only section at [www.apfconnect.org](http://www.apfconnect.org)  
\_\_\_\_\_ (at least 5 characters)

## ▶ MEMBER INFORMATION:

Employer Information: Please select the best description of your practice

Hospital Based Practice Only (non-academic)

Independent Laboratory Only

Academic Institution / University / Teaching Hospital Based Only

Other (please specify) \_\_\_\_\_

Governmental Institution Only

Combined Hospital Based / Independent Lab

Supplier / Vendor or Pathology Products or Services

In what other pathology and medical organizations do you currently hold membership? (check all that apply)

ACLA  ACLPS  ADASP  AMA  APC / PRODS  ASCP  CAP

CLMA  HBMA  HFMA  IAP  MGMA  USCAP  WASPALM

State Medical / Pathology Society(s) \_\_\_\_\_ Other(s) \_\_\_\_\_

## ▶ MEMBER CATEGORIES AND FEES: (check category of membership for which you are applying)

**ACTIVE PATHOLOGIST\*** – Licensed physicians who are certified by the American Board of Pathology or a Board of similar standing. **Applicants must provide proof of certification from the American Board of Pathology when submitting their membership application. \$300**

Physician Applicants Only: Medical School Attended: \_\_\_\_\_ Dates Attended: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Location of Pathology Residency: \_\_\_\_\_ Dates of Residency: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**ACTIVE PATHOLOGY PROFESSIONAL\*** – Non-physicians in the management of active pathology practices, who have a college degree and a minimum of 5 years experience in health care management. **\$300**

**AFFILIATE** – Individuals who do not qualify for principal membership, but who wish to further the objectives of the Foundation. This would include physicians not certified by the American Board of Pathology; pathology practice or laboratory employees; laboratory or practice managers, administrators, consultants or executives who do not qualify as Active Associate members. **\$300**

**JUNIOR** – Individuals who are qualified physicians and are actively training for careers in pathology as recognized by the American Board of Pathology or a Board of similar standing. **Applicants must provide proof of residency when submitting their membership application. Free**

**EMERITUS** – Any member who is retired for more than 5 years from active pathology practice. **New Emeritus Members should submit a letter of application to the APF Board of Directors to receive this consideration. Free**

**PATRON** – Any individual member who contributes \$100 or more over regular member dues in a given year. **\$400 (and up)** Please indicate the other category of membership for which you qualify: \_\_\_\_\_

(\* Indicates members that can vote or hold elected office within the Foundation)

- ▶ **ACADEMIC INSTITUTION MEMBERSHIP APPLICATION:** Academic Institution Membership is available to all ACGME accredited pathology training programs. Membership is inclusive of the Department Administrator, and all interested full time faculty members, residents and fellows. Each program will designate two key contacts for the member organization (for example: Department Chair or Program Director, and Department Administrator). Each of the two key program contacts will be a voting member of the Foundation. Each member will be listed individually within the APF Membership Database under their designated membership category and have access to all the individual membership benefits provided by the Foundation. **\$1,500 (1-30 members) • \$2,500 (31-60 members)**

**Name of Academic Institution:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**KEY CONTACTS:**

**Program Director or Department Chair:** \_\_\_\_\_

Mailing Address: (if different from Institution) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Password: \_\_\_\_\_ Member Type: Active Pathologist

**Department Administrator** (Responsible for maintaining Program's membership account): \_\_\_\_\_

Mailing Address: (if different from Institution) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Password: \_\_\_\_\_ Member Type: Active Associate

**PLEASE USE INSERT FOR ADDITIONAL APPLICANTS – YOU MAY INCLUDE UP TO 60 PER PROGRAM**

- ▶ **INDUSTRY AFFILIATE MEMBERSHIP:** Companies that supply products and services to pathology practices. Membership is inclusive of a primary contact and two additional company contacts determined by the principal member. Companies holding this type of membership are listed in the APF Marketplace section of the website and are entitled to use all APF marketing and communications programs. Industry Affiliate companies will have early access for choosing conference booths and sponsorships and other benefits as determined by the APF Board of Directors. **\$1,000**

Primary Member \_\_\_\_\_ Password \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Additional Member \_\_\_\_\_ Password \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Additional Member \_\_\_\_\_ Password \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please select the category the best describes your company:**

A vendor company that sells products or services to pathology practices (not a sole proprietor)

A consulting firm or sole proprietor consultant

Are you interested in exhibiting at APF Conferences or Sponsorship of Events / Online Resources?  Yes  No

**Company Information:** What products or services does your company sell to pathology practices?

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Accounts Receivable      | <input type="checkbox"/> Billing Services                                       | <input type="checkbox"/> Billing Software             | <input type="checkbox"/> Clearinghouse Services                 |
| <input type="checkbox"/> Coding Services          | <input type="checkbox"/> Collections  | <input type="checkbox"/> Computer Hardware            | <input type="checkbox"/> Computer Software                      |
| <input type="checkbox"/> Computer Support         | <input type="checkbox"/> Consulting Services: Specify area(s) _____             |   |   |
| <input type="checkbox"/> CPA Services             | <input type="checkbox"/> Credit Card Processing                                 | <input type="checkbox"/> Document Imaging/ Management | <input type="checkbox"/> Financial / Lending                    |
| <input type="checkbox"/> Financial Management     | <input type="checkbox"/> Laboratory Equipment / Supplies: Specify type(s) _____ |   |   |
| <input type="checkbox"/> Insurance                | <input type="checkbox"/> Investment Management                                  | <input type="checkbox"/> Mailing Services             | <input type="checkbox"/> Marketing                              |
| <input type="checkbox"/> Medical / Business Forms | <input type="checkbox"/> Office Supplies  | <input type="checkbox"/> Personnel Management         | <input type="checkbox"/> Practice Management Systems / Services |
| <input type="checkbox"/> Printing                 | <input type="checkbox"/> Phone Systems / Support                                | <input type="checkbox"/> Professional Staffing        | <input type="checkbox"/> Publisher                              |
| <input type="checkbox"/> Training Services        | <input type="checkbox"/> Website Development                                    | <input type="checkbox"/> Other _____                  |   |

**Company Description:** (provide a brief description of your company's products or services to be published in the APF Marketplace Directory)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

▶ **PAYMENT INFORMATION**

Check Enclosed (payable to "APF") # \_\_\_\_\_  Personal  Company

Visa  Mastercard  AMEX Card # \_\_\_\_\_ CVV# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_

Authorized Signature \_\_\_\_\_