

Membership Application

Personal Information:

Name _____

Check one: () Ms. | () Mrs. | () Mr. | () Dr.

Address _____

City _____ State ____ Zip _____

LFS License/Certificate # _____

Cell or Home Phone _____

Preferred Email address:

Check here to opt out of email list _____

Employment Information:

Employer _____

Address _____

City _____ State ____ Zip _____

Work Phone _____

CAMLT asks you to contribute to one or both of these worthwhile entities:

LAB-PAC

The CAMLT Political Action Committee helps your association advocate on behalf of you and your profession. Help support quality clinical laboratory medicine in the California legislative arena.

LAB-PAC contributions are NOT tax deductible.

You must be a U.S. citizen to donate.

Education and Research Foundation

Your tax deductible contribution supports scholarship programs, outreach efforts and students pursuing careers in the clinical laboratory sciences.

Separate checks should be enclosed for each of these worthy causes.

Membership Categories:

Professional + 6 CEU - \$180 annually

An individual who 1) Holds a license or certification in a clinical laboratory profession issued by the California Department of Public Health or 2) Holds a baccalaureate degree from an accredited college or university and is eligible to sit for a CDPH approved examination; or 3) Holds a Masters or Doctorate degree in science, education or administration and is actively employed in clinical laboratory science.

Professional - \$120 annually

An individual who 1) Holds a license or certification in a clinical laboratory profession issued by the California Department of Public Health or 2) Holds a baccalaureate degree from an accredited college or university and is eligible to sit for a CDPH approved examination; or 3) Holds a Masters or Doctorate degree in science, education or administration and is actively employed in clinical laboratory science.

Associate - \$60 annually

An individual who has an interest in the field of clinical laboratory science and/or supporting the purposes or goals of CAMLT, but is not otherwise eligible for membership.

Lifetime - \$1250 one time fee

Meets Professional members requirements and submits the one time application fee

Certified Phlebotom Technician - \$60 annually

An individual who holds a certification in a clinical laboratory phlebotomy profession issued by the California Department of Public Health

Student - Free

An individual who possesses a valid training license from Laboratory Field Services or who is enrolled in an LFS approved program leading to licensing as a CLS, or MLT or certification as a CPT. Students at accredited universities or colleges that lead to eligibility for licensure or certification from LFS are also eligible to join as student members.

Membership Dues _____

Total payable to CAMLT _____

LAB-PAC Contribution _____

(separate check please)

E & R Foundation Donation _____

(separate check please)

Applicants are considered for membership in the category which meets their maximum qualifications.

I declare that in making application for membership, I have met the qualifications listed for the category to which I am applying.

Applicant Signature _____

Recruiter (if known) _____

Use QR code if desiring to register on-line or go to www.camlt.org



Write CAMLT a note if desired _____

Method of Payment:

- () Make Check Payable to: California Association for Medical Laboratory Technology
(Returned checks are subject to a \$20 fee)

CAMLT's Address

500 E. Delaware Rd., Burbank, CA 91504
Scan/email to: office@camlt.org
Phone: 510-961-3602