

# PROTECT WHAT MATTERS TO YOU — JOIN CAMLT TODAY!

Laboratory professionals share a commitment to providing the highest quality of care to patients and produce the most accurate test results. Our mission is to advance professional growth and development of laboratory professionals through quality educational programs, legislative representation and member services. At CAMLT, we understand your commitment to your profession, which is why we are dedicated to helping you:

- **STAY INFORMED** about the latest news with regular publications of our journal, *Newsline*, electronic communications and website postings.
- **CONNECT** with peers and colleagues by attending continuing education seminars, our Annual Meeting and Exhibits, and other networking events, or by becoming a local representative.
- **LEARN** via our affordable continuing education programs or distance learning courses.
- **GET INVOLVED** by serving on a committee or running for local chapter or state office.
- **WITH UNSURPASSED LEGISLATIVE REPRESENTATION.**
  - ⇒ Better patient care and safety
  - ⇒ Better medical outcomes
  - ⇒ Work scope expansion, professional status, higher salaries and benefits
- **SAVE** with the lowest rates in the industry.



CALIFORNIA  
ASSOCIATION FOR  
MEDICAL LABORATORY  
TECHNOLOGY

39656 Mission Blvd.  
Fremont, CA 94539

Phone: 510-792-4441

Fax: 510-792-3045

E-mail: [office@camlt.org](mailto:office@camlt.org)

Website: [camlt.org](http://camlt.org)

## Professional Association

	Annual Membership Dues	Annual Meeting and Exhibits Fee per 6 CEUs
California Association for Medical Technology	\$120	\$100
American Society for Clinical Pathology	\$ 99	\$159
American Society for Clinical Laboratory Science	\$124	\$140
American Association of Clinical Chemists	\$215	\$180
Clinical Laboratory Managers Association	\$205	\$299

- **JOB OPPORTUNITIES** posted on our website: [camlt.org](http://camlt.org)

Please Post



# California Association for Medical Laboratory Technology

## Membership Application

### Personal Information:

Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

LFS License/Certificate # \_\_\_\_\_

Day 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.

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) \_\_\_\_\_

Mail To: CAMLT, 39656 Mission Blvd., Fremont, CA 94539  
or scan/email to: office@camlt.org  
Fax to: 510-792-3045 Voice Phone: 510-792-4441

### Membership Categories:

Active - \$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.

Collaborative – \$65 annually

An optional special non-voting, non-office holding membership category open to licensed Medical Laboratory Technicians or Certified Phlebotomy Technicians, who desire to support the association. All other membership benefits are afforded. These members are also eligible to apply for active membership if they desire to vote and/or hold office in the association.

Associate - \$75 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.

Student - \$10 annually

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.

Lifetime - \$1250 one time fee

Meets Active member requirements and submits the one time application fee.

20/20 Option - Additional \$20 annually

An additional \$20 payment at the time of application or renewal entitles the member a 20% discount on CAMLT state sponsored C.E. fees for the year (not applicable to Distance Learning).

Membership Dues \_\_\_\_\_

20/20 Option \_\_\_\_\_

**Total payable to CAMLT** \_\_\_\_\_

Lab-PAC Contribution (separate check) \_\_\_\_\_

E & R Foundation Donation (separate check) \_\_\_\_\_

**AUTOMATIC RENEWAL AVAILABLE!** You now have a convenient new option to pay your CAMLT membership dues!

Automatic renewal: Credit card listed will be charged on the renewal date each year for the same member category. Notice of renewal will be sent fifteen (15) days before the charge is entered to allow for changes in member category or updates to credit card information.

Sign here to enroll for the automatic renewal option:

Date: \_\_\_\_\_

Checks to: CAMLT, Lab-PAC and/or E & R as appropriate —OR—

Credit Card Payment:  Visa  Master Card

Card# \_\_\_\_\_ Exp. \_\_\_\_\_

Three-digit security code (on back of credit card): \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_