

## Medical Laboratory Technologist Student Membership

### Applicants from Accredited Training Programs for Medical Laboratory Technology only

Mr.     Miss.     Mrs.     Ms.                      Date of Birth: MM/DD/YY \_\_\_\_\_

Name: \_\_\_\_\_  
Last    (please print above)                      First                      Former Name (if applicable)

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Educational Institution:** \_\_\_\_\_

**Program Type:**     General                       Clinical Genetics                       Diagnostic Cytology

**Start Date:** \_\_\_\_\_  
Month    Day    Year

**End Date:** \_\_\_\_\_  
Month    Day    Year

**Privacy Statement:** I have read the privacy agreement and accept the terms with the following options:

Privacy Policy: <https://csmls.org/About-Us/About-CSMLS/Privacy-Policy.aspx>

- Exclude my name in the list sent to the Member Discount Programs/Partners
- Exclude my name in the list sent to the CSMLS Partner Provincial Societies
- Exclude my name for contact by email by CSMLS

**Applicant's Statement:**

I understand that acceptance of my student membership application is subject to verification and does not imply eligibility to write the CSMLS certification examination.

I understand that my student membership will expire in accordance with the statement on Page 2 of this application, regardless of the date my student membership was purchased.

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

*Payments must be made in Canadian funds. If your payment is returned, you will be charged a \$25.00 Administration Fee*

**Membership One \$82.00**     **Membership Two \$ 107.00**

*Membership Fees are non-reundable & non-transferable*

<input type="checkbox"/> Cheque                      (payable to: <b>CSMLS</b> ) <input type="checkbox"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Credit Card # _____ Expiry Date _____ Cardholder: _____ <p style="text-align: center; font-size: small;">(please print clearly)</p>	<b>CSMLS USE ONLY</b>  Date Processed: _____ Expiry Date: _____ CSMLS ID# _____                      UsrCrđ: _____
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Canadian Society for Medical Laboratory Science  
Société canadienne de science de laboratoire médical

## Medical Laboratory Technologist Student Membership

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To be eligible for a Student Accredited Membership, you must be enrolled as a full-time student in an accredited Medical Laboratory Technologist training program leading to CSMLS certification. Be sure to enroll as soon as possible to take advantage of all the benefits of CSMLS membership.

Membership One 2 Year Student Membership Fee: \$82.00	Membership Two 4 Year Student Membership Fee: \$107.00
<p><b>Expiry 1:</b> First eligible exam attempt – With successful results on the National Exam, you will be offered Certified Membership and Certificate with CSMLS in your Exam Results</p> <p><b>Expiry 2:</b> Second consecutive exam attempt – Your membership will be extended to the next consecutive exam session to allow you to take advantage of your member discount a second time.</p> <p>To qualify for this option, you must challenge the next exam session – no exceptions or further extensions will be made.</p> <p>The Professional Liability Insurance (PLI) is for Program Clinical Placements only; it will be terminated on your first exam attempt.</p>	

*Membership Fees are non-refundable and non-transferable*

*Fees include taxes and Professional Liability Insurance for Program Clinical Placements only*

#### Benefits You'll Receive:

- ✓ Member Discount on Certification Exam
- ✓ Professional Liability Coverage
- ✓ Subscription to CJMLS
- ✓ Member Discount Programs
- ✓ And More!

#### How to apply for a CSMLS Student Accredited Membership:

You can either apply online at [csmls.org](http://csmls.org) or fill out the application form.

In order to qualify for the member rate for your exam, you must be a member prior to registering for the exam and before the exam application deadline.

#### Privacy:

Please read the privacy agreement and indicate your response on the application form.

Completed forms can be mailed, faxed, or emailed to us. Please find contact information at bottom of application.