

# AMERICAN ACADEMY PHLEBOTOMY TECHNICIANS MEMBERSHIP APPLICATION

## CANDIDATE INFORMATION

Name:

Date of birth:

Gender:

Phone:

Current address:

City:

State:

ZIP Code:

Email:

Last four digits of SSN:

## EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Duties:

## COLLEGE OR CAREER SCHOOL INFORMATION

Name of institution:

Address:

Program:

Phone:

City:

State:

ZIP Code:

Dates attended:

## EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

## MEMBERSHIP BENEFITS THAT INTEREST YOU MOST

Workshops

CEUs

Networking

Educational Newsletter

## MEMBERSHIP FEES

Continuing Education Units

FREE

Annual Dues

FREE

2YR Renewal {CPT,CPI}

\$100

## SIGNATURES

My submission and signature on this membership application serves as my acknowledgement that the information provided is accurate. If granted membership by AAPT Advisory Board, I understand that my membership may be revoked at any time for not following the established industry standards and by displaying unprofessional behavior.

Signature of applicant:

Date:

Signature of AAPT Administrator

Date: