



NEW YORK STATE CLINICAL LABORATORY ASSOCIATION

MEMBERSHIP APPLICATION

Please return the completed and signed application to:

**New York State Clinical Laboratory Association
474 Marcus Garvey Blvd., Brooklyn, NY 11216**

1. Full name of Applicant Laboratory: _____

2. Full Address of Applicant Laboratory: _____

Phone Number: _____ FAX: _____

3. List all individuals or corporations having an ownership interest in the Applicant Laboratory:

4. Is the Applicant Laboratory licensed by the New York State Department of Health:

Yes No

(If yes, please attach a copy of the permit.)

5. Applicant Laboratory is

a. _____ An independent clinical laboratory

b. _____ A hospital-based clinical laboratory

6. Is the Applicant Laboratory enrolled as a service provider in the Medicare Program:

Yes No

7. Is the Applicant Laboratory enrolled as a service provider in the Medicaid Program:

Yes No



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8. Are any proceedings currently pending to revoke, suspend, limit, or exclude any of the following?

- a. Your New York State Laboratory permit: Yes No
- b. Your participation in the Medicare Program: Yes No
- c. Your participation in the Medicaid Program: Yes No

9. How long has the Applicant Laboratory been in existence: _____

10. What is the name, title, address and telephone number of the person who will represent the Applicant Laboratory at NYSCLA:

Name: _____ Title: _____

Address: _____

E-Mail: _____ Telephone: _____

11. What are the most important issues facing your laboratory which should be addressed by NYSCLA:

The Applicant Laboratory wishes to be a member in NYSCLA.

Authorized signature: _____ Date: _____

Print name of signer: _____

Print title of signer: _____

Please enclose a check made payable to the **New York State Clinical Laboratory Association, Inc.** in the amount of annual dues per the schedule below.

Dues Schedule

Dues are determined by the size of the laboratory in accordance with the following schedule:

a.	0 - 15 employees.....	\$ 500
b.	16 - 25 employees.....	\$ 750
c.	26 - 50 employees.....	\$ 1,100
d.	51 - 75 employees.....	\$ 2,200
e.	76 - 150 employees.....	\$ 4,400
f.	151 - 250 employees.....	\$ 7,150
g.	Over 250 employees.....	\$15,000