



NEW YORK STATE CLINICAL LABORATORY ASSOCIATION

MEMBERSHIP APPLICATION

Please return the completed and signed application to:

**New York State Clinical Laboratory Association
P.O. Box 86, West Nyack, NY 10994**

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 - 75 employees..... | \$ 2,500 |
| b. | 76 - 150 employees..... | \$ 5,000 |
| c. | 151 - 250 employees..... | \$ 8,000 |
| d. | Over 250 employees..... | \$15,000 |