AMERICAN ASSOCIATION FOR CLINICAL CHEMISTRY

The purpose for which the Association is formed is to further the public interest by encouraging the study, advancing the science, and improving the practice of clinical chemistry. To achieve these objectives the Association shall:

1. Establish standards for education and training in the field of clinical chemistry.
2. Encourage the creation, promotion and maintenance of standards for certification of individuals in the field of clinical chemistry.
3. Encourage individuals in the field to pursue advanced studies and to engage in scientific investigations.
4. Promote scientific knowledge of clinical chemistry through meetings, seminars, discussions, reports and publications.
5. Initiate and participate in programs related to clinical chemistry that are in the interest of the public.
6. Promote programs for the recognition of the profession of clinical chemistry.

—from Article II, revised (1976) Constitution

OFFICERS, 1977

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Lexington, KY

President-Elect: Dr. Nathan Gochman
San Diego, CA

Secretary: Dr. Samuel Meites
Columbus, OH

Treasurer: Dr. Martin Fiescher
New York, NY

For information concerning the Association, membership application blanks, etc., write: American Association for Clinical Chemistry, 1725 K St., NW, Washington, D. C. 20006 (tel: 202/833-3590)

SECRETARIES, LOCAL SECTIONS

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Thomas R. Koch, Secretary, 276 Stanmore Road, Baltimore, MD 21212

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SOUTHERN CALIFORNIA
Richard Wahrmann, Secretary, Hospital Pathologists Central Lab., 13012 Sun grove St., Garden Grove, CA 92640

TEXAS
James E. Strong, Secretary, Dept. of Pathology, Univ. of Texas Medical School, 8400 W. Cullen St., Houston, TX 77025

1180 CLINICAL CHEMISTRY, Vol. 23, No. 8, 1977
APPLICATION FOR MEMBERSHIP

INSTRUCTIONS: Before completing the application please read the instructions, the Constitution, and Bylaw I which deals with membership. Complete all questions on the application. You may supplement your answers with confirming information, bibliographies, and descriptions of responsibilities in clinical chemistry, but your application will not be accepted unless you have answered all questions. MAKE SURE THE APPLICATION CAN BE READ.

GENERAL INFORMATION (please type or print with black ink)
Name: __________________________ Age: ______
Dr. Mr. Ms. Mrs. Miss
Indicate Preferred Mailing Address:
Business __________________________ Home __________________________
__________________________ Phone __________ Zip Code __________
__________________________ Phone __________ Zip Code __________
Membership applied for: □ Member, □ Student Affiliate, □ Reinstatement, □ Reclassification from _________ to _________

QUALIFICATIONS FOR MEMBERSHIP. Acceptance for membership requires that each applicant meets certain minimum requirements in education and experience. Education and experience are considered together. Thus it is important that you complete the information requested below. If additional information is needed you will be contacted, but time would be saved if complete information relative to clinical chemistry is provided.

1. Education. If your degree is from a foreign university, please include a transcript or certificate of graduation.

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<tr>
<th>SCHOOL AND CITY</th>
<th>DATE ATTENDED</th>
<th>MAJOR</th>
<th>MINOR</th>
<th>DEGREE AND YEAR</th>
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Please summarize your educational experience in the following disciplines:

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<th>DISCIPLINE</th>
<th>QUARTER HOURS</th>
<th>SEMESTER HOURS</th>
<th>DISCIPLINE (OTHER)</th>
<th>QUARTER HOURS</th>
<th>SEMESTER HOURS</th>
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<td>CHEMISTRY</td>
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FOR OFFICIAL ACTION:

DUES AMOUNT RECEIVED $ ____________
DATE RECEIVED ____________ BY ____________

DATE RECEIVED ____________ PLACE RECEIVED ____________ DISPOSITION ____________ BY ____________
2. Experience. Start with the present and include the last 10 years.

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<th>EMPLOYER AND ADDRESS</th>
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Briefly describe your present responsibilities and activities in clinical chemistry. If the activity is in an area others may not think of as clinical chemistry, show the relationship of your work to clinical chemistry:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Honors, scholarships, ___________________________

Certifications ___________________________

Membership in professional societies ___________________________

SPONSORS AND ALTERNATE REFERENCES

Signatures of 2 sponsors who are members of the AACC are preferable. However, if unavailable, names and addresses should be given of 2 responsible persons who have knowledge of your work and whom you have asked to write recommendations appraising your qualifications in clinical chemistry. These recommendations should accompany the application, if possible.

<table>
<thead>
<tr>
<th>SIGNATURES OF AACC MEMBER OR NAMES OF REFERENCES</th>
<th>ADDRESS</th>
<th>DATE SIGNED</th>
<th>AACC MEMBER?</th>
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AGREEMENT

I hereby apply for membership in the AACC and agree to abide by its Constitution and Bylaws, and to support its objectives. Payment of $__________ for the first year’s dues is enclosed.

__________________________________________  ___________________________
Date                                           Signature of Applicant

Membership, unless otherwise requested, becomes effective on January 1 of the current year when final acceptance is before October 1, otherwise on January 1 of the following year. Membership includes a subscription to CLINICAL CHEMISTRY.

Please make checks for dues payable to the AACC. If you are now a subscriber to CLINICAL CHEMISTRY you will receive full credit for your subscription payment. Are you a subscriber? ☐ Yes ☐ No

Do you wish a membership certificate ($3.00 each) ☐ Yes ☐ No. Please include this amount with the check for the dues.
AMERICAN ASSOCIATION FOR CLINICAL CHEMISTRY

CONSTITUTION

Article I. NAME AND INCORPORATION
The name of the Association is the "American Association for Clinical Chemistry, Incorporated." Pursuant to the original certificate of incorporation, this Association shall conform to the provisions of the Membership Corporation Law of the State of New York.

Article II. PURPOSE
The purpose for which the Association is formed is to further the public interest by encouraging the study, advancing the science, and improving the practice of clinical chemistry. To achieve these objectives the Association shall:

1. Establish standards for education and training in the field of clinical chemistry.
2. Encourage the creation, promotion and maintenance of standards for certification of individuals in the field of clinical chemistry.
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BYLAWS

Article I. MEMBERSHIP
1. This Association shall consist of Members, Honorary Members, Emeritus Members, and Student Affiliates.
2. Persons admitted as members shall
   a) possess an earned baccalaureate or higher degree in science or medicine or the academic equivalent of the above, and
   b) be engaged in professional activities commonly associated with the practice of clinical chemistry. (Membership in the Association is not to be construed as certification.)
3. Scientists who have attained distinction by their contributions to clinical chemistry may be elected as Honorary Members of the Association upon nomination by the Board of Directors and by vote of the Council. Such members shall neither vote nor hold office in the Association, but shall be entitled to certain privileges.
4. An individual who has been a Member in good standing for a period exceeding one-half the age of the Association (starting in 1949) or for 25 years, whichever is smaller, and who is retired from employment because of age or illness, may upon application and upon recommendation of the local section be voted an Emeritus Member by the Membership Committee of the Association. An Emeritus Member retains all the membership rights, is exempt from the payment of dues, but may receive the Association publications at a reduced charge.
5. Admission as a member shall be by application through and nomination by a Local Section, referral to the Association Membership Committee, endorsement and election by vote of the Membership Committee. An applicant rejected by a Local Section may appeal to the Association Membership Committee with all available information upon which the rejection was based. Where no Local Section exists, application may be made directly to the Association.
6. Reinstatement. After a lapse of more than one year subsequent to resignation, reinstatement shall be through the usual procedure required for election to any class of membership: Application, election, and payment of dues for the current year in advance. Within a period of one year following resignation, reinstatement to previous status may be effected by the payment of all indebtedness to the Association.
7. Only Members and Emeritus Members who are in good standing shall have any right, title or interest in the property and funds of the Association. Only Members and Emeritus Members may hold Association office or Association committee memberships. Only Members and Emeritus Members may represent the Association in professional matters.
8. Students, graduate or undergraduate, majoring in clinical chemistry or closely related academic disciplines, shall be entitled to become Student Affiliates at a discount in membership dues as long as they annually certify that they are undergraduates or graduate students doing full-time academic studies. "Full time" is to represent any combination of course, work, teaching and/or research assistantships or fellowships or fellowships that the respective institution considers a full-time load. In all cases, the institution shall be acceptable to the Association.

Instructions for Completing Membership Application Form
The American Association for Clinical Chemistry is an organization of professional individuals who subscribe to the goals of the Association as outlined in the Constitution and Bylaws. The Constitution in its entirety and Article I of the Bylaws are reproduced here. Please read the Constitution, the Bylaws and these instructions before filling out the membership application.

1. Please print clearly or type your name, address including zip code, and phone number. Indicate whether you wish your correspondence at your home or business address.
2. Answer all questions or check the appropriate blocks. Missing information is the single most frequent cause for return of applications.
3. Summarize, in hours, your educational experience in the scientific disciplines. Other disciplines than are listed may be added in the space provided (i.e., physics).
4. If two members of the AACC are not available as sponsors, please attach two letters of recommendation from persons appraising your qualifications in clinical chemistry.
5. If you are applying for reclassification the requirement for sponsors is waived.
6. If you are applying for reinstatement, please read Bylaw Article 1-6.
7. If you are applying for EMERITUS, please read Bylaw Article 1-4. Education, experience, and sponsors are waived.
8. Please attach a check for the appropriate amount to the application. If you desire a membership certificate, include an additional $3.00 in your check.

Classification Annual Dues
Member $80.00
Student $15.00
Emeritus (Journal Subscription) $15.00

9. The AACC is composed of geographically distinct local sections (currently 21). For the most rapid processing of your application please submit it to the local section for your area at the below address. Local section secretaries are also listed in CLINICAL CHEMISTRY. If that box is blank or you do not know to which section to apply, you may return the completed application to the National Office as listed below.
10. You will be notified of the action on your application by the National Membership Committee.

Local Section Membership Chairman
Mail the application to this address.
If blank mail to National Office.

National Office