



Extend the Benefits of CLSI Membership to Your Entire Health System Today

Become an integral part of improving global clinical lab testing and advancing the quality of patient care.

Membership Application

Health System Name _____

Delegate Name _____ Delegate E-mail _____

Delegate Job Title _____

Alternate Delegate Name _____ Alternate Delegate E-mail _____

Alternate Delegate Job Title _____

Main Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone Number _____

Website _____

Total Number of Sites in Your Health System _____

Number of Sites Joining Under the Membership _____

Benefits

Annual Dues	Number of Sites per Membership	Cost per Site
\$8,000	Up to 8	\$1,000
\$8,500	9	\$945
\$9,000	10	\$900
\$9,500	11	\$865
\$10,000	12	\$835
\$11,500	15	\$770

*As your system grows, we can add more sites at any time.

*More than 15 sites? CLSI will work with you to customize your site-specific package.

Questions?

If you have any questions regarding CLSI membership options and which level will best fit your organization's needs, **please contact our Membership Department directly at +1.610.688.0100.**





Health System Membership Application

Organizations Under Health System Membership

Organization _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone Number _____

Main Contact Name _____ E-mail _____

Name and E-mail Address of Contacts to Be Granted Access*

**Additional employees can be added later.*

Organization _____

Address _____

City _____ State/Province _____

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If more than eight sites are being included in the Health System Membership, please copy this page.





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