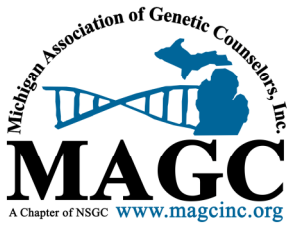


## Application for Membership-Instructions

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- Fill out the attached application completely.
- You must be a member of NSGC in order to be eligible for MAGC membership.
  - If you are not an NSGC member, please go to [www.nsgc.org](http://www.nsgc.org) and apply for membership.
- Choose which membership status you would like.
  - ***Full Member:*** Any individual that holds a degree from a Master's program established for the training of genetic counselors or any individual certified through the American Board of Genetic Counseling (ABGC) or the American Board of Medical Genetics (ABMG) in genetic counseling.
  - ***Associate Member:*** Any individual enrolled in a Master's program established for the training of genetic counselors, any individual who is an active candidate or certified by the ABMG in a specialty other than genetic counseling, any individual credentialed by the Genetic Nursing Credentialing Commission of International Society of Nurses in Genetics (ISONG) or any individual that meets criteria for full membership and does not desire this membership status.
- **Dues for membership status**
  - **Full Member: \$75.00**
  - **Associate Member (Non-Student): \$50.00**
  - **Associate Member (Student): \$15.00**
- Please send us:
  - Your completed application
  - A check made out to **MAGC, Inc.** for the appropriate dues amount

**Send your application materials to:**  
**MAGC, Inc.**  
**c/o Amy Amash, Treasurer**  
**462 Morraine Hill Dr. SE**  
**Ada, MI 49301**



## Application for Membership

Applying for: **Full Member**

**Associate Member**

**For a full member, please fill out the following:**

**For an associate member, check one below:**

Genetic Counseling Training Program Attended:

Genetic counseling student

\_\_\_\_\_

ABMG certified or active candidate

Year Graduated: \_\_\_\_\_

ISONG credentialed nurse

If applicable, year certified by the ABGC or ABMG in Genetic Counseling: \_\_\_\_\_

Genetic counselor choosing to be an associate member rather than a full member

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company/Institution: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email\*\*: \_\_\_\_\_

\*\*Please note: email will serve as the official means of communication for MAGC. Please notify us if you are unable to receive information via email.

**\*\*\*You are responsible for informing MAGC of any changes to your contact information.\*\*\***

**I would like to be a member of the following committee(s):** (Please refer to [www.magcinc.org](http://www.magcinc.org) for committee descriptions.)

\_\_\_\_\_ Education                      \_\_\_\_\_ Genetic Counseling Services                      \_\_\_\_\_ Professional Development

**I am a member of NSGC:**

Yes

No, however I submitted my application to [www.nsgc.org](http://www.nsgc.org) on \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_