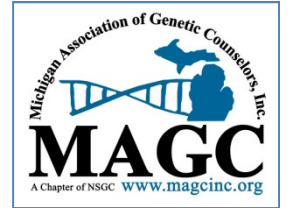


## MICHIGAN ASSOCIATION OF GENETIC COUNSELORS

### APPLICATION FOR MEMBERSHIP: INSTRUCTIONS



- 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:

1. Your completed application
2. A check made out to MAGC, Inc. for the appropriate dues amount

### SEND YOUR APPLICATION MATERIALS TO:

MAGC, Inc.  
c/o Sarah Klemm, Treasurer  
Spectrum Health Genetic Services  
100 Michigan St NE MC 134  
Grand Rapids, MI 49503

MICHIGAN ASSOCIATION OF GENETIC COUNSELORS

APPLICATION FOR MEMBERSHIP



APPLYING FOR (COMPLETE EITHER FULL MEMBER OR ASSOCIATE MEMBER SECTION):

FULL MEMBER

Genetic Counseling Training Program:

\_\_\_\_\_

Year Graduated:

\_\_\_\_\_

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

\_\_\_\_\_

ASSOCIATE MEMBER

Check one of the following:

- Genetic counseling student
- ABMG certified or active candidate
- ISONG credentialed nurse
- Genetic counselor choosing to be an associate member rather than a full member

ALL APPLICANTS COMPLETE THE REMAINDER OF THE APPLICATION\*

FIRST NAME

LAST NAME

TITLE

COMPANY/INSTITUTION

ADDRESS

CITY, STATE, ZIP

TELEPHONE

FAX

E-MAIL\*\*

†I would like to be a member of the following committee(s):

- Education
- Genetic Counseling Services
- Professional Development

I am a member of NSGC:  Yes  No; however, I submitted my application to NSGC on \_\_\_\_/\_\_\_\_/\_\_\_\_.

SIGNATURE

DATE

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

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

†Refer to magcinc.org for committee descriptions.