



## AMERICAN SOCIETY OF CRIME LABORATORY DIRECTORS APPLICATION FOR REGULAR MEMBERSHIP

### 1) COMPLETE THE FOLLOWING:

<b>Your Name:</b>	<b>Name of Forensic Laboratory:</b>
<b>Your Official Title:</b>	<b>Name of Parent Agency:</b>
<b>Preferred Mailing Address:</b>	<b>Laboratory Mailing Address:</b>
<b>Preferred Telephone Number:</b>  <b>Fax Number:</b>	<b>Business Telephone Number:</b>  <b>Fax Number:</b>
<b>E-mail Address:</b>	<b>Is Your Laboratory stand-alone or part of a Lab system?</b>
<b>List any committee preference(s):</b>	<b>Have you been an ASCLD member before?</b>

### PROFESSIONAL TRAINING (Use additional pages if needed):

College, University, Other	Dates Attended	Degree Conferred	Year

### EXPERIENCE (Use additional pages if needed):

Employer	Dates	Position

### MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS (Optional):

Organization	Dates	Offices held

### 2) PROVIDE THE NAMES OF TWO CURRENT ASCLD MEMBERS WHO HAVE AGREED TO SPONSOR YOUR APPLICATION.

(Note: Sponsor letters are to be submitted separately. If you are *not* the Laboratory Director or equivalent, then one of the sponsors must be your Laboratory Director.)

\_\_\_\_\_ and \_\_\_\_\_

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3) ATTACH AN ORGANIZATIONAL CHART WITH YOUR PLACE IN IT CLEARLY MARKED.

4) PAYMENT INSTRUCTIONS

The application fee for Regular Membership is \$125.00. This amount will also cover membership dues for the current year if candidate is voted into membership.

**Paid via:** U.S. Check or Money Order Bank/Credit Card

- Payments are in U.S. Dollars. When paying application fee, send a U.S. Money order, a check drawn on a U.S. bank or a check drawn on a non-U.S. Bank that has a U.S. Bank Affiliate listed directly on the check (e.g. - Citicorp, Chemical Bank or Chase Manhattan). Checks are payable to "Treasurer, ASCLD, Inc."
- Do not send non-U.S. Money Orders or non-U.S. postal money orders.
- To pay by bankcard, provide the information below as instructed.

**CREDIT CARD**

ASCLD – Bank Card Application Fee Payment

ASCLD accepts Visa, Mastercard and Discover- Card Type VISA MC Discover

Applicant Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Cardholder Signature: \_\_\_\_\_  
Billing Address  
(For the Card Used) \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
\$ \_\_\_\_\_ Membership Application Fee

5) SIGN APPLICATION; RETURN WITH \$125.00 NON-REFUNDABLE APPLICATION FEE (or provide credit card information above) TO:

ASCLD, Inc.  
139 K Technology Drive  
Garner, NC 27529

I hereby agree to work for the objectives of, support the bylaws of and abide by the code of ethics of the American Society of Crime Laboratory Directors, Inc.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions: [office@ascl.org](mailto:office@ascl.org) or Membership Chair, [Jean Stover@isp.state.il.us](mailto:Jean_Stover@isp.state.il.us)