



AMERICAN SOCIETY OF CRIME LABORATORY DIRECTORS  
APPLICATION FOR RETIRED MEMBERSHIP

**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**

**3) SIGN APPLICATION BELOW; RETURN WITH \$75.00 NON-REFUNDABLE  
APPLICATION FEE (or provide credit card information) TO:**

**ASCLD, Inc.  
139 K Technology Drive  
Garner, NC 27529  
Ph. 919-773-2044**

I hereby certify that I have been a Regular Member in good standing and am no longer eligible for Regular Membership. I agree to work for the objectives, support the bylaws, 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)**