



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

**1) COMPLETE THE FOLLOWING**

Print Form

<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>Business Telephone Number:</b>
<b>Fax 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**

Organization	Dates	Offices held

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

**(Note: Sponsor forms are to be submitted separately. The forms should be emailed directly to the ASCLD Office at office@asclcd.org. Sponsors must be current ASCLD Regular Members. If you are not the Laboratory Director or equivalent, then one of the sponsors must be your Laboratory Director, if they are a Regular Member.**

\_\_\_\_\_ 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 \$140.00. 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 “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

Visa  MC  Discover  American Express

Applicant Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

CVV (3 or 4 digit code on back of card): \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Billing address (for the card used): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expiration date: \_\_\_\_\_

Membership Application Fee: \$140.00

5) SIGN APPLICATION; RETURN WITH \$140.00 APPLICATION FEE (or provide credit card information above) TO:

ASCLD, Inc.  
65 Glen Road  
Suite 123  
Garner, NC 27529

I hereby 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: \_\_\_\_\_

For applicants who are not the Director of their crime laboratory, the Director must indicate awareness and approval of the application by signing below unless the Director is a member and providing one of the sponsor forms.

Laboratory Director's Signature \_\_\_\_\_ Date: \_\_\_\_\_