



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

1) COMPLETE THE FOLLOWING

Print Form

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| Your Name | Name of Forensic Laboratory: |
| Your Official Title: | Name of Parent Agency: |
| Preferred Mailing Address: | Laboratory Mailing Address: |
| Preferred Telephone Number: | Business Telephone Number: |
| Fax Number: | Fax Number: |
| E-Mail Address: | Is your laboratory stand-alone or part of a lab system? |
| List any committee preference(s): | Have you been an ASCLD member before? |

PROFESSIONAL TRAINING (Use additional pages, if needed):

| College, University, Other | Dates Attended | Degree Conferred | Year |
|----------------------------|----------------|------------------|------|
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EXPERIENCE (Use additional pages, if needed):

| Employer | Dates | Position |
|----------|-------|----------|
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MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

| Organization | Dates | Offices held |
|--------------|-------|--------------|
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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: _____