

1. COMPLETE THE FOLLOWING

Print Form

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| --- | --- |
| **Name** | **Your Former Laboratory Affiliation:** |
| **Current Mailing Address:** | **Your Current Title/Position (If applicable):** |
| **Telephone** | **Fax Number:** |
| **E‐Mail Address:** | **List any committee preference(s):** |

LABORATORY MANAGEMENT EXPERIENCE

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| --- | --- | --- |
| Employer | Dates | Position |
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1. PAYMENT INSTRUCTIONS

The application fee for Retired Membership is $75.00. 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: $75.00

1. SIGN APPLICATION BELOW; RETURN WITH $75.00 APPLICATION FEE (or provide credit card information above) TO:

ASCLD, Inc.

65 Glen Road

Suite 123

Garner, NC 27529

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:

Question[s: office@ascld.org](mailto:office@ascld.org)