Applicants are to complete pages 1 and 2; Sponsors are to complete page 3

Print Form

|  |  |
| --- | --- |
| **Applicant Name** | **Name of Department** |
| **Applicant Position** | **Name of Institution** |
| **Business Telephone** | **Mailing Address** |
| **E-mail Address** |
| **Fax Number** | **List any committee preference(s)** |

EDUCATIONAL and 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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please explain your nexus to forensic science (use additional pages if necessary)

Two current ASCLD Regular Members who have agreed to sponsor my application (see page 3 of this form) are:

 and

I hereby certify that I am currently employed as an educator and/or instructor of forensic science by an institution of higher learning or public law and enforcement training academy. 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:

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

APPLICATION FEE PAYMENT INSTRUCTIONS:

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: $125.00

APPLICANTS: Send pages 1 and 2 of this form, with $125.00 application fee to:

ASCLD, Inc.

65 Glen Road

Suite 123

Garner, NC 27529

SPONSORS: Complete page 3, and send to ASCLD at office@ascld.org

 Questions: office@ascld.org

SPONSOR FORM

SPONSORS: A more extensive endorsement of the applicant may be made by appending a letter of recommendation to this page. The form letter below, however, is sufficient for the purpose of the ASCLD, Inc. bylaws. Please sign it, in addition to any further endorsement you may wish to make.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Sponsor 1 Sponsor 2

How long have you known applicant:

To your knowledge, is/has applicant: Yes No Yes No Currently engaged in forensic education?

Of good character?

Ever been censured for unethical conduct?

To Whom it May Concern:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

 , who has applied for Academic Affiliate Membership in the American Society of Crime Laboratory Directors, Inc., is known to me, and I have certain knowledge that (s)he is currently employed as an educator or instructor by an institution of higher learning or public law enforcement training academy. I endorse the application without reservation, and believe that, if accepted into membership, (s)he will be a credit to the corporation.

Signature, Sponsor 1 Signature, Sponsor 2

(Sponsors 1 and 2 may complete separate forms)

Send completed sponsor form to:

office@ascld.org