



AMERICAN SOCIETY OF CRIME LABORATORY DIRECTORS, Inc[®]
APPLICATION FOR ACADEMIC AFFILIATE MEMBERSHIP

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: _____



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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@ascl.org

Questions: office@ascl.org



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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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of good character?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ever been censured for unethical conduct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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@asclcd.org