

1) COMPLETE THE FOLLOWING						Print Form	
Your Name		N	Name of Forensic Laboratory:				
Your Official Title: Preferred Mailing Address: Preferred Telephone Number:		N	Name of Parent Agency: Laboratory Mailing Address: Business Telephone Number:				
		La					
		В					
E-Mail Address:		Is	Is your laboratory stand-alone or part of a lab system?				
List any committee preference(s):		Н	Have you been an ASCLD member before?				
PROFESSIONAL TRAINING (Use additional	pages, if ne	eded):					
College, University, Other	Dates	Attended		Degree Conferred		Year	
LEADERSHIP TRAINING (40 hours minimum courses:), Use additi	ional page	s, if nee	eded. See Annex A fo	r list of	approved training	
Leadership Course	Dates Attende			Certificate (Y/N)		Course Length (hrs.)	
EXPERIENCE (Use additional pages, if need	led):				<u> </u>		
Employer		Date	es		Position		
12 - 7 -							



MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

Organization	Dates	Offices held

2) PROVIDE TH	IE NAMES OF TWO CU	PRRENT ASCLD REGULAR MEMBERS WHO HAVE AGREED TO SPONSOR YOUR APPLICATION					
office@ascld.o	Note: Sponsor forms are to be submitted separately. The forms should be emailed directly to the ASCLD Office at ffice@ascld.org. Sponsors must be current ASCLD Regular Members. One of the sponsors must be your Laboratory pirector, if they are a Regular Member.						
		and					
,	N ORGANIZATIONA INSTRUCTIONS	L CHART WITH YOUR PLACE IN IT CLEARLY MARKED.					
		te Membership is \$125.00. This amount will also cover membership dues for voted into membership.					
Paid via:	U.S. Check	or Money Order Bank/Credit Card					
the check Do no	neck (e.g. – Citicor ks are payable to " ot send non-U.S. N y by bankcard, pro	ck drawn on a non-U.S. Bank that has a U.S. Bank Affiliate listed directly on pp. Chemical Bank or Chase Manhattan). (ASCLD, Inc." Noney Orders or non-U.S. postal money orders. povide the information below as instructed.					
	Card Application	Fee Payment					
Visa	□ мс	Discover American Express					
Applicant Nar	me:						
Account Num	ber:						
CVV (3 or 4 di	git code on back o	of card): _					
Cardholder Na	ame:	·					
Cardholder Si	gnature:						
Billing addres	s (for the card use	d):					
Expiration dat	te:						
•	Application Fee:	\$125.00					

5) SIGN APPLICATION; RETURN WITH \$125.00 APPLICATION FEE (or provide credit card information above) TO:

ASCLD, Inc. 65 Glen Road

	os dieli kodu	
	Suite 123	
	Garner, NC 27529	
I hereby agree to work for the object	res, support the bylaws and abide by the code of ethics of the American Society	
of Crime Laboratory Directors, Inc.		
Applicant's Signature:	Date:	
The Director must indicate awareness providing one of the sponsor forms.	and approval of theapplication by signing below unless the Director is a member	and
Laboratory Director's Signature	Date:	_

Annex A: Approved Training Courses

- ASCLD Leadership Academy Level I and Level II https://www.ascld.org/ascld-leadership-academy/
- Applicant's organization's internal leadership course
- Arbinger Institute training classes
- FTCoE Leadership Series https://forensiccoe.org/leadership-series/
- Leadership IQ https://www.leadershipiq.com/
- John Collins "Critical Victories" leadership/management training classes https://criticalvictories.com/
- Dean Gialamas "CEO Authority" leadership/management training https://www.ceoauthority.com/
- Simon Sinek leadership classes
- Patrick Lencioni "the table group" training classes https://www.tablegroup.com/

All other training submitted will be reviewed by the Membership Committee for acceptance. Applicant must submit a course agenda and certificate of completion (if certificate of completion not provided, include proof of registration).