

AMERICAN SOCIETY OF CRIME LABORATORY DIRECTORS, Inc.® APPLICATION FOR RETIRED MEMBERSHIP

1) COMPLETE THE FOLLOWING

Print Form

Name		Your Former Laboratory Affiliation/Title:	
Current Mailing Address:		Your Current Title/Position (If applicable):	
Telephone		Fax Number:	
E-Mail Address:		List any committee preference(s):	
LABORAT	ORY MANAG	SEMENT EXP	PERIENCE
Employer	D	Dates Position	
2)	PAYMENTII	NSTRUCTIC	DNS
The application fee for Retired Membership current year if candidate is voted into memb	-	his amoun	t will also cover membership dues for the
Paid via: U.S. Check or Money Or	der	Bank/	Credit Card
	a non-U.S. B Bank or Chas	ank that ha	

• To pay by bankcard, provide the information below as instructed.



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CREDIT CARD

ASCLD – Bank Card Application Fee Payment

☐ Visa ☐ MC ☐ Disco	ver 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
3) SIGN APPLICATION BELOW; RETURN above) TO:	WITH \$75.00 APPLICATION FEE (or provide credit card information
	ASCLD, Inc.
	65 Glen Road
	Suite 123
-	Garner, NC 27529 ember in good standing and am no longer eligible for Regular Membership. he bylaws and abide by the code of ethics of the American Society of Crime
Applicant's Signature:	Date:

Questions: office@ascld.org