

AMERICAN SOCIETY OF CRIME LABORATORY DIRECTORS
APPLICATION FOR RETIRED MEMBERSHIP

CREDIT CARD

ASCLD – Bank Card Application Fee Payment

ASCLD accepts Visa, MasterCard and Discover - Card Type VISA MC DISCOVER

Applicant Name: _____

Account Number: _____

Cardholder Name: _____

**Cardholder
Signature:** _____

**Billing Address
(For the Card Used)** _____

Expiration Date: _____

\$ _____ **Membership Application Fee**

**3) SIGN APPLICATION BELOW; RETURN WITH \$75.00 NON-REFUNDABLE
APPLICATION FEE (or provide credit card information) TO:**

**ASCLD, Inc.
139 K Technology Drive
Garner, NC 27529
Ph. 919-773-2044**

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:** _____

Questions: office@asclld.org or Membership Chair, irma.rios@cityofhouston.net