



**AMERICAN SOCIETY OF CRIME LABORATORY DIRECTORS
APPLICATION FOR ACADEMIC AFFILIATE MEMBERSHIP**

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

Applicant Name	Name of Department
Applicant Position	Name of Institution
Business Telephone	Mailing Address
Fax Number	City, State, Zip, Country
E-Mail Address	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

Two current ASCLD 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 Affiliate Membership is \$100.00. 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 "Treasurer, 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

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**

APPLICANTS: Send pages 1 and 2 of this form, with \$100.00 non-refundable application fee to:

ASCLD, INC.
139 K TECHNOLOGY DRIVE
GARNER, NC 27529

SPONSORS: Complete page 3, and send to ASCLD at the address provided.

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

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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	
Currently engaged in forensic education?		Yes	No
Of good character?			
Ever been censured for unethical conduct or procedure?			

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: ASCLD, INC.
139 K TECHNOLOGY DRIVE
GARNER, NC 27529