

APPLICATION FOR MEMBERSHIP

AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE



First Name _____ Last Name _____ Date of application _____

Home Address _____ City _____ State/Province/Postal Code _____ Country _____

() _____ Receive ASCLS mail at: home business address permanent address

Home Phone _____

Company (If Student, skip this line) _____ Department _____

Address (If Student, Permanent address) _____ City _____ State/Province/Postal Code _____ Country _____

() _____ () _____

E-Mail Address _____ Telephone _____ Fax _____

Have you ever been a member of ASCLS? _____ Yes _____ No Membership Number _____

SCIENTIFIC ASSEMBLY

The ASCLS Scientific Assembly sections provide an opportunity for members to network within their own scientific discipline. There is no additional fee for participation. Please choose one primary and one secondary interest.

- | PRIMARY | SECONDARY INTEREST |
|---------|--|
| __ (01) | __ (01) chemistry/urinalysis |
| __ (02) | __ (02) microbiology |
| __ (03) | __ (03) laboratory administration |
| __ (04) | __ (04) immunology/immunohematology |
| __ (06) | __ (06) histology/cytology |
| __ (07) | __ (07) hematology/hemostasis |
| __ (08) | __ (08) generalist/public health |
| __ (09) | __ (09) industry |
| __ (10) | __ (10) education |
| __ (12) | __ (12) phlebotomy/POC |
| __ (13) | __ (13) molecular bio/genetics |
| __ (14) | __ (14) consultant |
| __ (15) | __ (15) regulatory affairs/quality mgmt. |

CERTIFICATION AGENCY - Circle the corresponding credential obtained; check all that apply.

- (4) __ NCA __ (a) CLS __ (b) CLT __ (c) other
 (5) __ AMT __ (a) MT __ (b) MLT __ (c) other
 (6) __ ASCP __ (a) MT __ (b) MLT __ (c) other
 (7) __ HHS __ (b) CLT __ (c) other
 (9) __ Other: _____

POSITION -circle one

- (P) Lab Director (Admin)
 (N) Lab manager
 (A) Tech. supervisor
 (M) Staff Technologist (CLS)
 (4) Staff Technician (CLT)
 (t) Phlebotomist
 (6) Laboratory Assistant
 (I) Faculty Member/Instructor
 (K) Program Director
 (L) Consultant
 (U) Inspector/Surveyor
 (2) Marketing/Sales
 (J) Other _____

Please assist ASCLS in collecting the following voluntary statistics to provide analysis of professional trends:
Employment Status: __FT __PT __STU __Unemployed __Retired **Highest Degree:** __H.S. __Assoc. __Bach. __Masters __Ph.D.
Year of Birth: _____ **Sex:** __F __M
Race: (please circle one) Caucasian / American Indian / Alaskan Native / Asian/Pacific Islander / African American / Hispanic / Other _____

Contributions or gifts to ASCLS and ASCLS/PAC are not deductible as charitable contributions for federal income tax purposes. However dues payments may be deductible by members as an ordinary business expense. ASCLS estimates that 9% of your dues will be spent on lobbying, and therefore this portion will not be deductible on your federal income tax return.

Please complete and send this application with your payment to our lockbox:
ASCLS, P.O. Box 79154, Baltimore, MD 21279-0154 Phone: 301-657-2768 Fax: 301-657-2909

ASCLS Membership Categories and Eligibility Requirements

(ASCLS membership is from the date of payment to the next July 31.)



PROFESSIONAL (*full voting privileges*) is open to all persons certified or engaged in the practice and/or education process of the clinical laboratory science, including those with an active interest in supporting the purposes and goals of this Society. Membership benefits are dependent on level of membership:

PROFESSIONAL I includes basic benefits plus the award winning journal, CLS.

PROFESSIONAL II* includes basic benefits only.

National Dues: Professional I - \$97; Professional II - \$75; **plus** State Dues: (see attached schedule)

COLLABORATIVE* (*Non-voting privileges*) is available to any individual who currently holds membership in any other *health related national organization* **AND HAS NEVER BEEN A MEMBER OF ASCLS.**

National Dues only: \$45

FIRST YEAR PROFESSIONAL* (*full voting privileges*) Open to persons who have graduated within the last twelve months from an accredited program in laboratory science. Prior student membership with ASCLS is not a prerequisite. This membership status is valid for only one year to assist recent graduates. After one year in this category, members are upgraded to Professional membership.

National Dues: \$40.00 plus State Dues

STUDENT*(*non-voting privileges*) Open to persons enrolled in a structured program of training or academic instruction in clinical laboratory science, or to full-time graduate students in related science area.

National Dues: \$25.00 plus States Dues:

*Persons residing outside the U S are not eligible for these categories--International practitioners must join as Professional I.

STATE DUES SCHEDULE

Professional I & II		Student	
CA	\$25	CT, FL, HI, IL, IN, IA, LA, MA, MI, MS, NE, NH, NJ, NM, NC, OH, PR, RI, SD, TN, VA, WI	\$5
CO, NY	\$20	AL	\$4
TX	\$18	OK	\$3
AK, AZ, FL, HI, LA, MN, MO, MT, NC, NE, NJ, NV, OH, SD, TN	\$15	GA, KY, SC, UT, WV	\$2
	\$12	STATES NOT LISTED	\$0
AL, AR, CT, GA, ID, IL, IN, IA, KS, KY, MA, MI, MS, NH, OK, OR, PA, PR, RI, SC, UT, VA, WA, WI, WV, WY	\$10	*First Year Professional (state dues schedule same as Professional I & II except for the states listed below)	
MD	\$6	CA - \$0, MN - \$0, NY - \$0, TX - \$9, CO - \$10, OH - \$10	
DE, ME, NM, ND, VT	\$5		

I wish to join ASCLS as a _____ member.

(Students, please list your expected date of graduation: _____ Mo/Yr.)

My mentor/recruiter is: Name _____ ASCLS Member No. _____

Membership dues: _____ + State dues: _____ = Total payment enclosed _____

Method of Payment: (U.S. Funds Only)

Check (payable to ASCLS) Visa MasterCard Amex

Exp. date _____ Card # _____

Name on card _____ Signature _____