



APPLICATION FOR MEMBERSHIP

AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE

First Name	Last Name	Date of application
Home Address ()	City	State/Province/Postal Code
Receive ASCLS mail at: <input type="checkbox"/> home <input type="checkbox"/> business address <input type="checkbox"/> permanent address		
Preferred Phone		
Company (If Student, skip this line)		Department
Address (If Student, Permanent address) ()	City	State/Province/Postal Code
()		
Preferred E-Mail Address	Telephone	Fax
Have you ever been a member of ASCLS? <input type="checkbox"/> Yes <input type="checkbox"/> No Membership Number _____		

<p><u>SCIENTIFIC ASSEMBLY</u> 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.</p> <table style="width: 100%;"> <thead> <tr> <th style="text-align: left;">PRIMARY</th> <th style="text-align: left;">SECONDARY INTEREST</th> </tr> </thead> <tbody> <tr><td>__ (01)</td><td>__ (01) chemistry/urinalysis</td></tr> <tr><td>__ (02)</td><td>__ (02) microbiology</td></tr> <tr><td>__ (03)</td><td>__ (03) laboratory administration</td></tr> <tr><td>__ (04)</td><td>__ (04) immunology/immunohematology</td></tr> <tr><td>__ (06)</td><td>__ (06) histology/cytology</td></tr> <tr><td>__ (07)</td><td>__ (07) hematology/hemostasis</td></tr> <tr><td>__ (08)</td><td>__ (08) generalist/public health</td></tr> <tr><td>__ (09)</td><td>__ (09) industry</td></tr> <tr><td>__ (10)</td><td>__ (10) education</td></tr> <tr><td>__ (12)</td><td>__ (12) phlebotomy/POC</td></tr> <tr><td>__ (13)</td><td>__ (13) molecular bio/genetics</td></tr> <tr><td>__ (14)</td><td>__ (14) consultant</td></tr> <tr><td>__ (15)</td><td>__ (15) regulatory affairs/quality mgmt.</td></tr> </tbody> </table>	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.	<p><u>CERTIFICATION AGENCY - Circle the corresponding credential obtained; check all that apply.</u> __ BOC __ (a) MLS __ (b) MLT __ (c) other ____ __ AMT __ (a) MT __ (b) MLT __ (c) other ____ __ HHS __ (b) CLT __ (c) other ____ __ Other: _____</p> <p><u>POSITION -circle one</u> (P) Lab Director (Admin) (N) Lab manager (A) Tech. supervisor (M) Staff Technologist (MLS) (4) Staff Technician (MLT) (t) Phlebotomist (6) Laboratory Assistant (I) Faculty Member/Instructor (K) Program Director (L) Consultant (U) Inspector/Surveyor (2) Marketing/Sales (J) Other _____</p>
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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 15330, Wilmington, DE 19886-5330 Phone: 202-367-1174 Fax: 202-367-2174

For fastest service, join online at <http://www.ascls.org/membership/index.asp>.



ASCLS Membership Categories and Eligibility Requirements

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

(All Membership Categories eligible for Certification Maintenance Program – see CE Options below)

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 - \$99; Professional II - \$78 plus State Dues: (see schedule below)

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: \$45 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		
TX	\$18	AL	\$4
AK, AZ, FL, HI, LA, MN, MO, MT, NC, NE, NJ, NV, OH, SD, TN	\$15	OK	\$3
		GA, KY, SC, UT, WV	\$2
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	STATES NOT LISTED	\$0
MD	\$6	*First Year Professional (state dues schedule same as Professional I & II except for the states listed below) CA - \$0, MN - \$0, NY - \$0, TX - \$9, CO - \$10, OH - \$10	
DE, ME, NM, ND, VT	\$5		

CE Options Available with Membership

\$55 Certification Maintenance CE Package -- 12 online CE from MediaLab

\$95 Certification Maintenance Plus CE Package -- unlimited online CE from MediaLab

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: _____ + CE package _____ = Total payment enclosed _____

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

Check (payable to ASCLS) Visa MasterCard Amex

Exp. date _____ Card # _____

Name on card _____ Signature _____