

Please complete and send this application to:  
ASCLS, 1861 International Dr., Suite 200, McLean, VA 22102  
or Email [ascls@ascls.org](mailto:ascls@ascls.org)  
For fastest service, email is preferred.



## Thank you for your interest in a package membership with ASCLS!

Please follow the steps below:

1. **Fill out the information below.** The person listed below will be treated as the main contact for all communication with ASCLS for the membership year.
2. Send your form to ASCLS at [ascls@ascls.org](mailto:ascls@ascls.org)

APPLICATION FOR PACKAGE MEMBERSHIP American Society for Clinical Laboratory Science		
Name:	ASCLS Member#:	
Organization:		
Type Of Package (Lab or Education):		
Billing address:		
City:	State:	ZIP Code:
ASCLS Member #:		

3. Following submission of the form, ASCLS will generate a discount code that YOU will send to the people you want to be in your package. ***Be careful with this code it is unique to your organization and you will be invoiced for the usage of this code.***
4. The potential members will use this code to join ASCLS if they are a new member, or renew their membership if they are current members. **Full instructions explaining the process will be sent with the code to the main contact.**
5. The code will stay available for a period of 2 weeks. After 2 weeks, an invoice will be generated which will include a list of the members who took advantage of the package.
6. **The invoice must be paid within 2 weeks of receipt or the memberships will be cancelled.** If there is a delay in payment anticipated, that must be communicated to [ascls@ascls.org](mailto:ascls@ascls.org) immediately.
7. **Payment must be made using a single payment method. Only one check (personal check or a check from the organization) or credit card will be processed for payment.**