

Please complete and send this application with your payment
to: ASCLS, 11107 Sunset Hills Road, Suite 100, Reston, VA 20190
Phone: 571-748-3770 Email ascls@ascls.org
For fastest service, join online at www.ascls.org/join



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|---|----------|----------------------------|
| APPLICATION FOR MEMBERSHIP American Society for Clinical Laboratory Science | | |
| Name: | | |
| Organization: | | |
| Primary address: | | |
| City: | State: | ZIP Code: |
| Type of Address: <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Home | Country: | |
| Primary email: | | |
| Secondary email: | | |
| Phone: | | Mobile Phone: |
| Secondary address: | | |
| City: | State: | ZIP Code: |
| Type of Address: <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Home | Country: | |
| Previous a member of ASCLS? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, Membership Number: |
| Mentor/Recruiter Name and ASCLS Member #: | | |
| Select Your National Membership Category (see back for descriptions): | | |
| <input type="checkbox"/> PROFESSIONAL: \$155 (inclusive of state dues) <input type="checkbox"/> ASCENDING PROFESSIONAL: \$85 (inclusive of state dues) <input type="checkbox"/> DEVELOPING PROFESSIONAL: \$35 (inclusive of state dues) <input type="checkbox"/> COMMUNITY: \$97 (inclusive of state dues) | | |
| Please list the State Society you wish to join : | | |
| _____ | | |
| 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 at least one interest. | | |
| <input type="checkbox"/> Chemistry/Urinalysis <input type="checkbox"/> Education <input type="checkbox"/> Generalist <input type="checkbox"/> Hematology/Hemostasis <input type="checkbox"/> Immunology/Immunoematology <input type="checkbox"/> Informatics <input type="checkbox"/> Lab Admin/Consultant/Quality/Accreditation/Industry <input type="checkbox"/> Microbiology/Public Health <input type="checkbox"/> Molecular Diagnostics <input type="checkbox"/> Point of Care Testing <input type="checkbox"/> Phlebotomy | | |

Payment Information - Please enclose a check in US dollars made payable to ASCLS. For credit card payments, please call 571-748-3770 to pay over the phone or join online at www.ascls.org/join

ASCLS MEMBERSHIP CATEGORIES AND ELIGIBILITY REQUIREMENTS

The ASCLS membership year runs August 1st-July 31st
Memberships are non-refundable

Professional: \$155 (inclusive of state dues) Open to all persons certified or engaged in the practice and/or education process of clinical laboratory science, including those with an active interest in supporting the purposes and goals of this society. Includes basic benefits plus the award winning journal, Clinical Laboratory Science. International members must join in this member category.

Ascending Professional (recent Grad): \$85 (inclusive of state dues) Ascending Professional membership is open to any individual eligible for Professional membership, if the individual has not held previous membership other than Developing Professional or Ascending Professional membership in this Society and is **within five years of graduation** from a program of clinical laboratory studies.

Developing Professional (Student): \$35 (inclusive of state dues) Developing Professional membership shall be open to any person enrolled as a **student** in a program of clinical laboratory studies.

Community: \$97 (inclusive of state dues) Community membership shall be open to all persons. Community membership is **NOT eligible** for member discounts for live ASCLS national events and does **NOT count** towards continuous professional membership in the society which is used for eligibility of emeritus membership status. Community members cannot hold office or vote in ASCLS elections.

| Optional Additional Information | | | | | | | | | | | | | | | |
|--|---|---|--|--------------------------------------|---|---|-------------------------------------|---|---|---|--|---------------------------------------|----------------------------------|---|--------------------------------------|
| <p>CERTIFICATION AGENCY - Check all credentials obtained as listed by each certification agency. BOC <input type="checkbox"/> MLS <input type="checkbox"/> MLT <input type="checkbox"/> other _____ AMT <input type="checkbox"/> MT <input type="checkbox"/> MLT <input type="checkbox"/> other _____ HHS <input type="checkbox"/> CLT <input type="checkbox"/> other _____ Other: _____</p> | <p>Position:</p> <table border="0"> <tr> <td><input type="checkbox"/> Lab Director (Admin)</td> <td><input type="checkbox"/> Faculty Member/Instructor</td> </tr> <tr> <td><input type="checkbox"/> Lab Manager</td> <td><input type="checkbox"/> Program Director</td> </tr> <tr> <td><input type="checkbox"/> Tech. Supervisor</td> <td><input type="checkbox"/> Consultant</td> </tr> <tr> <td><input type="checkbox"/> Staff Technologist (MLS)</td> <td><input type="checkbox"/> Inspector/Surveyor</td> </tr> <tr> <td><input type="checkbox"/> Staff Technician (MLT)</td> <td><input type="checkbox"/> Marketing/Sales</td> </tr> <tr> <td><input type="checkbox"/> Phlebotomist</td> <td><input type="checkbox"/> Retired</td> </tr> <tr> <td><input type="checkbox"/> Laboratory Assistant</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> | <input type="checkbox"/> Lab Director (Admin) | <input type="checkbox"/> Faculty Member/Instructor | <input type="checkbox"/> Lab Manager | <input type="checkbox"/> Program Director | <input type="checkbox"/> Tech. Supervisor | <input type="checkbox"/> Consultant | <input type="checkbox"/> Staff Technologist (MLS) | <input type="checkbox"/> Inspector/Surveyor | <input type="checkbox"/> Staff Technician (MLT) | <input type="checkbox"/> Marketing/Sales | <input type="checkbox"/> Phlebotomist | <input type="checkbox"/> Retired | <input type="checkbox"/> Laboratory Assistant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lab Director (Admin) | <input type="checkbox"/> Faculty Member/Instructor | | | | | | | | | | | | | | |
| <input type="checkbox"/> Lab Manager | <input type="checkbox"/> Program Director | | | | | | | | | | | | | | |
| <input type="checkbox"/> Tech. Supervisor | <input type="checkbox"/> Consultant | | | | | | | | | | | | | | |
| <input type="checkbox"/> Staff Technologist (MLS) | <input type="checkbox"/> Inspector/Surveyor | | | | | | | | | | | | | | |
| <input type="checkbox"/> Staff Technician (MLT) | <input type="checkbox"/> Marketing/Sales | | | | | | | | | | | | | | |
| <input type="checkbox"/> Phlebotomist | <input type="checkbox"/> Retired | | | | | | | | | | | | | | |
| <input type="checkbox"/> Laboratory Assistant | <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | |
| <p>Please assist ASCLS in collecting the following voluntary statistics to provide demographics for grants by answering the items below:</p> | | | | | | | | | | | | | | | |
| <p>Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired</p> | <p>Highest Degree: <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate</p> | | | | | | | | | | | | | | |
| <p>Date of Birth:</p> | <p>Sex: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other: _____</p> | | | | | | | | | | | | | | |

Contributions to the Education and Research Fund ARE tax deductible as charitable contributions to the extent allowed by law. Dues and other contributions to ASCLS are not deductible as charitable contributions. However, dues payments may be deductible as an ordinary business expense except to the extent that ASCLS engages in lobbying activities. ASCLS estimates that 9% of your dues will be spent on lobbying and are not deductible on your federal income tax return.