

Please complete and send this application with your payment to:
 ASCLS, 1861 International Dr., Suite 200, McLean, VA 22102
 Phone: 571-748-3770 Fax: 571-354-7570 Email ascls@ascls.org
 For fastest service, join online at www.ascls.org/join-ascls/join



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:	Grad Date:
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 #:		
<p>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.</p> <p><input type="checkbox"/> Chemistry/Urinalysis <input type="checkbox"/> Education <input type="checkbox"/> Generalist <input type="checkbox"/> Hematology/Hemostasis <input type="checkbox"/> Immunology/Immunohematology</p> <p><input type="checkbox"/> Informatics <input type="checkbox"/> Lab Admin/Consultant/Quality/Accreditation/Industry <input type="checkbox"/> Microbiology/Public Health</p> <p><input type="checkbox"/> Molecular Diagnostics <input type="checkbox"/> Point of Care Testing <input type="checkbox"/> Phlebotomy</p>		
<p>CERTIFICATION AGENCY - Check all credentials obtained as listed by each certification agency.</p> <p>BOC <input type="checkbox"/> MLS <input type="checkbox"/> MLT <input type="checkbox"/> other _____</p> <p>AMT <input type="checkbox"/> MT <input type="checkbox"/> MLT <input type="checkbox"/> other _____</p> <p>HHS <input type="checkbox"/> CLT <input type="checkbox"/> other _____</p> <p>Other: _____</p>		<p>Position:</p> <p><input type="checkbox"/> Lab Director (Admin) <input type="checkbox"/> Faculty Member/Instructor</p> <p><input type="checkbox"/> Lab Manager <input type="checkbox"/> Program Director</p> <p><input type="checkbox"/> Tech. Supervisor <input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Staff Technologist (MLS) <input type="checkbox"/> Inspector/Surveyor</p> <p><input type="checkbox"/> Staff Technician (MLT) <input type="checkbox"/> Marketing/Sales</p> <p><input type="checkbox"/> Phlebotomist <input type="checkbox"/> Retired</p> <p><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>Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student</p> <p><input type="checkbox"/> Unemployed <input type="checkbox"/> Retired</p>		<p>Highest Degree: <input type="checkbox"/> High School <input type="checkbox"/> Associate</p> <p><input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate</p>
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	<p>Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native</p> <p><input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other: _____</p>

ASCLS MEMBERSHIP CATEGORIES AND ELIGIBILITY REQUIREMENTS

The ASCLS membership year runs August 1st-July 31st

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

PROFESSIONAL membership (with full voting privileges) is 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. Membership benefits are dependent on level of membership:

- **PROFESSIONAL I** includes basic benefits plus the award-winning journal Clinical Laboratory Science.
- **PROFESSIONAL II** includes basic benefits only.

COLLABORATIVE membership is available to any individual who currently holds membership in any other health-related national organization and has never been a member of ASCLS. Does not include voting privileges.

FIRST YEAR PROFESSIONAL membership is open to persons who have graduated within the last 12 months from an accredited program in laboratory science. This membership status is valid for only one year to assist recent graduates. After one year in this category, members must upgrade to Professional membership. Includes voting privileges.

STUDENT membership is open to persons enrolled in a structured program of clinical or academic instruction in laboratory science, or to full-time graduate students in a related science area. Does not include voting privileges.

Select Your National Membership Category:

- PROFESSIONAL I* \$99 plus state dues **Persons residing outside the United States must join as Professional I.*
- PROFESSIONAL II \$78 plus state dues
- COLLABORATIVE \$45, no state dues
- FIRST YEAR PROFESSIONAL \$45 plus state dues
- STUDENT \$25 plus state dues

STATE DUES SCHEDULE

Professional I & II		Student	
CA	\$25	AZ, CT, FL, HI, IL, IN, IA, KY, LA, MA, MI, MS, NC, NE, NH, NJ, NM, NV, OH, PR, RI, SC, SD, TN, VA, WI	\$5
AZ, CO, NV, NY, WA	\$20	AL	\$4
TX	\$18	OK	\$3
TN	\$16	GA, UT, WV	\$2
AK, FL, HI, KY, LA, MN, MO, MT, NC, NE, NJ, OH, SD	\$15	STATES NOT LISTED	\$0
AL, CT, DE, GA, ID, IL, IN, IA, KS, MA, MI, MS, NH, OK, OR, PA, PR, RI, SC, UT, VA, 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	
ME, NM, ND, VT	\$5		

CE Options Available with Membership (Optional)

Go to <http://www.ascls.org/CMM> for more information.

\$45 Certification Maintenance CE Package -- 12 contact hours of online CE from MediaLab

\$85 Certification Maintenance Plus CE Package -- unlimited online CE from MediaLab

National Dues \$ _____ + State Dues \$ _____ + CE Option \$ _____ = Total Amount Due \$ _____

Please list State Society you wish to join : _____

Payment Information (In US Dollars)

- Check enclosed, payable to ASCLS
- Purchase order enclosed (only purchase orders for \$250 or more will be accepted)
- Please charge credit card: Visa MasterCard American Express Discover

Card Number _____ Exp. Date _____ CVN _____

Cardholder's Name _____ Cardholder's Signature _____

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