

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: <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	Country
()		()	
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%;"> <tr> <td style="width: 50%;">PRIMARY</td> <td style="width: 50%;">SECONDARY INTEREST</td> </tr> <tr> <td>___</td> <td>___ chemistry/urinalysis</td> </tr> <tr> <td>___</td> <td>___ microbiology</td> </tr> <tr> <td>___</td> <td>___ laboratory administration</td> </tr> <tr> <td>___</td> <td>___ immunology/immunohematology</td> </tr> <tr> <td>___</td> <td>___ histology/cytology</td> </tr> <tr> <td>___</td> <td>___ hematology/hemostasis</td> </tr> <tr> <td>___</td> <td>___ generalist/public health</td> </tr> <tr> <td>___</td> <td>___ industry</td> </tr> <tr> <td>___</td> <td>___ education</td> </tr> <tr> <td>___</td> <td>___ phlebotomy/POC</td> </tr> <tr> <td>___</td> <td>___ molecular bio/genetics</td> </tr> <tr> <td>___</td> <td>___ consultant</td> </tr> <tr> <td>___</td> <td>___ regulatory affairs/quality mgmt.</td> </tr> </table>	PRIMARY	SECONDARY INTEREST	___	___ chemistry/urinalysis	___	___ microbiology	___	___ laboratory administration	___	___ immunology/immunohematology	___	___ histology/cytology	___	___ hematology/hemostasis	___	___ generalist/public health	___	___ industry	___	___ education	___	___ phlebotomy/POC	___	___ molecular bio/genetics	___	___ consultant	___	___ regulatory affairs/quality mgmt.	<p><u>CERTIFICATION AGENCY - Check all credentials obtained as listed by each cert. agency.</u> BOC ___MLS ___MLT ___other___ AMT ___MT ___MLT ___other___ HHS ___CLT ___other___ Other: _____</p> <p><u>POSITION -circle one</u> Lab Director (Admin) Lab Manager Tech. Supervisor Staff Technologist (MLS) Staff Technician (MLT) Phlebotomist Laboratory Assistant Faculty Member/Instructor Program Director Consultant Inspector/Surveyor Marketing/Sales Other _____</p>
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Please assist ASCLS in collecting the following voluntary statistics to provide demographics for grants:

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___

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 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: \$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, SC, 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, 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		

CE Options Available with Membership

Go to http://www.ascls.org/?page=Edu_CMM for more information.

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

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

I, _____, wish to join ASCLS as a (please circle one) Professional I / Professional II / First Year Professional / Collaborative / Student 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 _____

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.