

# APPLICATION FOR MEMBERSHIP

## AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE



Name \_\_\_\_\_ Date of application \_\_\_\_\_

Company (If Student, skip this line) \_\_\_\_\_ Department \_\_\_\_\_

Address (If Student, Permanent address) \_\_\_\_\_ City \_\_\_\_\_ State/Province/Postal Code \_\_\_\_\_

( ) ( )

E-Mail Address \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State/Province/Postal Code \_\_\_\_\_

( ) Receive ASCLS mail at: ? home  business address  permanent address

Home Phone \_\_\_\_\_

Have you ever been a member of ASCLS? \_\_\_\_\_ Yes \_\_\_\_\_ No Membership Number \_\_\_\_\_

### SCIENTIFIC ASSEMBLY

Please tell us which Scientific Assembly sections you would like to join. ASCLS's Scientific Assembly sections provide an opportunity for members to network within their own scientific discipline. There is no additional fee for participation. (*choose one primary and one secondary interest*)

#### PRIMARY

#### SECONDARY INTEREST

- |         |   |
|---------|---|
| __ (01) | __ (01) biochemistry/urinalysis/ligand immuno-assay |
| __ (02) | __ (02) microbiology                                |
| __ (03) | __ (03) laboratory administration                   |
| __ (04) | __ (04) immunology/immunohematology                 |
| __ (06) | __ (06) Histology                                   |
| __ (07) | __ (07) hematology/hemostasis                       |
| __ (09) | __ (09) industry                                    |
| __ (10) | __ (10) education                                   |
| __ (12) | __ (12) phlebotomy                                  |
| __ (13) | __ (13) cytotechnology                              |
| __ (14) | __ (14) consultant                                  |
| __ (15) | __ (15) inspector/surveyor                          |

#### CERTIFYING AGENCY AND DESIGNATION:

- (4) \_\_ NCAMLP \_\_ (a) CLS \_\_ (b) CLT \_\_ (c) other  
 (5) \_\_ AMT \_\_ (a) MT \_\_ (b) MLT \_\_ (c) other  
 (6) \_\_ ASCP \_\_ (a) MT \_\_ (b) MLT \_\_ (c) other  
 (7) \_\_ HHS \_\_ (b) CLT \_\_ (c) other  
 (8) \_\_ ISCLT \_\_ (a) RMT \_\_ (b) RLT \_\_ (c) other  
 (9) \_\_ Other: \_\_\_\_\_

#### POSITION (*circle one*)

- (P) Lab Director (Admin)  
 (N) Lab manager  
 (A) Tech. supervisor  
 (M) Staff Technologist (CLS)  
 (4) Staff Technician (CLT)  
 (t) Phlebotomist  
 (6) Laboratory Assistant  
 (I) Faculty Member/Instructor  
 (K) Program Director  
 (L) Consultant  
 (U) Inspector/Surveyor  
 (2) Marketing/Sales  
 (J) Other

#### SPECIALTY AREA (*circle one*)

- Quality Assurance Control  
 Proficiency Testing  
 Infection Control  
 Safety/HAZ MAT  
 Total Quality Management  
 CLIA Compliance  
 Laboratory Utilization  
 Laboratory Reimbursement  
 Lab Information Systems  
 Risk Management (Facility Wide)  
 Patient/Physician Services  
 Research  
 Author/Reviewer

**Please assist ASCLS in collecting the following voluntary statistics to provide analysis of professional trends:**

Employment Status: \_\_ FT \_\_ PT \_\_ STU \_\_ UNEM \_\_ Retired Highest Degree: \_\_ H.S. \_\_ Assoc. \_\_ Bach. \_\_ Masters \_\_ Ph.D.

Year of Birth: \_\_\_\_\_ Sex: \_\_ F \_\_ M SS# \_\_\_\_\_

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 79154, Baltimore, MD 21279-0154**

**Phone: 301-657-2768 Fax: 301-657-2909**

# ASCLS Membership Categories and Eligibility Requirements

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



**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 - \$90; Professional II - \$68; **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: \$35

**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: \$40.00 State Dues: (\*see schedule below)

**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 States Dues: (see schedule below)

\*Persons residing in foreign countries are not eligible for these categories--only the Professional categories.

**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: \_\_\_\_\_ = Total payment enclosed \_\_\_\_\_**

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

Check (payable to ASCLS)  Visa  MasterCard  Amex

**Exp. date \_\_\_\_\_ Card # \_\_\_\_\_**

**Name on card \_\_\_\_\_ Signature \_\_\_\_\_**

STATE DUES SCHEDULE			
Professional I & II		Student	
CA	\$25	CA, CT, FL, HI, IL, IN, IA, LA, MA, MS, NE, NH, NJ, NM, NY, NC, PR, RI, VA, WI	\$5
CO, NY	\$20	AL	\$4
TX	\$18	OH, OK	\$3
FL, HI, LA, MI, MN, MO, MT, NC, NE, NJ	\$15	AZ, GA, KY, MI, NV, SC, TN, UT, WV	\$2
AL, AK, AZ, AR, CT, GA, ID, IL, IN, IA, KS, KY, MA, MS, NV, NH, OH, OK, OR, PA, PR, RI, SC, SD, TN, UT, VA, WA, WI, WV, WY	\$10	STATES NOT LISTED	\$0
DC, MD	\$6	* <b>First Year Professional</b> (state dues schedule same as Professional I & II <b>except for</b> the states listed below) CA - \$0, NY - \$10, TX - \$9	
DE, ME, NM, ND, VT	\$5		