



Associate Membership Application Form

For professionals working in fields allied to clinical science and laboratory medicine

Office Use only

Associate No Assigned:

Date Payment processed:

Personal Details

Title	Forename(s)	Surname	
Address			
	Date of Birth		
Contact Tel		Email	

Profession of applicant

Laboratory Aide

Company Rep

Research Scientist

Other: _____

Professional Affiliation/Registration

National Registration / Professional Body	Grade of Membership	Year Awarded	Registration Number	Is Membership Current?

Undergraduate and Postgraduate Qualifications

Qualification	Title of Course	College	Country	Graduation Year	EQF / QQI Level



Employment History*

Hospital / Company	Department	Position	Dates

*Letter from current employer verifying grade of employment must be submitted

Signature of Applicant: Date:

There is a €150 Application Fee to accompany this form (payment can be made by phone)

The fee will entitle the successful applicant to be an Associate from the date of approval by Council until end of the calendar year (i.e. December).

Cheques/Postal Money Orders etc. should be made payable to:
THE ACADEMY OF CLINICAL SCIENCE AND LABORATORY MEDICINE / ACSLM

Debit/Credit Card No:		Expiry Date		CVV:	
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Checklist for Associate Applications

	Please include the following with your application	Tick
1	Completed application form with contact and payment details	<input type="checkbox"/>
2	Copy of qualification parchment(s)	<input type="checkbox"/>
3	Letter from employer HR department certifying grade of employment	<input type="checkbox"/>
4	Proof of registration/membership of other national regulatory/professional body (if applicable)	<input type="checkbox"/>

Submit applications by email to mail@acslm.ie