



**The Academy of Clinical Science and Laboratory Medicine**  
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**Student Membership Application Form**

**Form 5**

**Student membership:** Undergraduate students from DIT, CIT, GMIT and University of Ulster (UU) undertaking the Degree in Biomedical Science, can apply for Student Membership (free of charge).

**Office only**

Memb No:  
\_\_\_\_\_  
\_\_\_\_\_

Name:.....  
.....Dr/Mr/Mrs/Ms

Date of Birth: ..... Country of Birth .....

Home Address : .....

Tel Home ..... Tel Mobile .....

E-mail Address :  
Please print: .....

|                       |                              |  |
|-----------------------|------------------------------|--|
| Institution Attended: | DIT <input type="checkbox"/> | GMIT <input type="checkbox"/>                |
|                       | CIT <input type="checkbox"/> | Univ of Ulster (UU) <input type="checkbox"/> |

|                           |       |
|---------------------------|-------|
| Expected Graduation Year: | _____ |
|---------------------------|-------|

I agree that all information provided is true and correct

|   |
|---|
| Name of Course Director (please print)..... |
| Signature: ..... Date: .....                |
| College/Department: .....                   |
| College Stamp:.....                         |