



**The Academy of Clinical Science and Laboratory Medicine**  
*31 Old Kilmainham, Dublin 8*

Telephone: 01 9059730  
Fax: 01 9022764  
Email: [mail@acslm.ie](mailto:mail@acslm.ie)  
Web site: [www.acslm.ie](http://www.acslm.ie)

## Student Membership Application Form

### Form 5

**Student membership: Undergraduate students from TU Dublin, MTU, ATU and University of Ulster (UU) undertaking the Degree in Biomedical Science, can apply for Student Membership (Free of Charge).**

**Office only**

Membership No: \_\_\_\_\_

Name: \_\_\_\_\_ **Dr/Mr/Mrs/Ms**

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Home Address : \_\_\_\_\_

Tel Home: \_\_\_\_\_ Tel Mobile: \_\_\_\_\_

**Personal e-mail address required:**

**College e-mail address required:**  
**Please print both**

**Institution Attended:**

TU Dublin  ATU

MTU  Univ of Ulster (UU)

**Expected Graduation Year:**

I agree that all information provided is true and correct

**Signature:** \_\_\_\_\_

**Name of Course Director (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**College/Department:** \_\_\_\_\_

**College Stamp:** \_\_\_\_\_