

AMERICAN ACADEMY OF FORENSIC SCIENCES APPLICATION FOR MEMBERSHIP

Applications are acted upon at the annual meeting in February of each year. To be considered at that time, the application must be received and completed by **October 1** (including letters of reference and any additional section requirements). See “Overview of Application Process” for further details. Applications must be accompanied by the **non-refundable** application fee of **\$25.00 USD**. **The application fee is waived if you are upgrading your status.** Applications must be submitted by mail; faxed applications will not be accepted. **The most current information must be included on this form and each section must be addressed. All application materials must be in English. You may attach additional sheets or curriculum vitae, if necessary. DO NOT WRITE: “See curriculum vitae,” as your application will be returned for completion.**

MAIL TO: American Academy of Forensic Sciences
410 North 21st Street
Colorado Springs, CO 80904

membership@aafs.org
(719) 636-1100
1-800-701-AAFS

1. PUBLISHED LISTING (directory & website)

Given/First Name _____ M.I. _____

Surname/Last Name _____

Address _____

City _____

State/Province _____ Postal Code _____

Country _____

Telephone _____

Fax _____

Email Address _____

2. PREFERRED MAILING ADDRESS

Check if Preferred Mailing Address is the same as the Published Listing.

Address _____

City _____

State/Province _____ Postal Code _____

Country _____

3. PERSONAL DATA

Date of Birth _____

Gender: Male Female

How did you hear of AAFS? _____

4. MEMBERSHIP STATUS REQUESTING

Associate Member Trainee Affiliate (temporary status) Student Affiliate (temporary status)

Were you previously an applicant, affiliate, or member of the AAFS? Yes No

If you have ever been known by or used another name (i.e., maiden name), please specify: _____

5. SECTION (choose only one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Criminalistics | <input type="checkbox"/> Jurisprudence | <input type="checkbox"/> Psychiatry & Behavioral Science |
| <input type="checkbox"/> Digital & Multimedia Sciences | <input type="checkbox"/> Odontology | <input type="checkbox"/> Questioned Documents |
| <input type="checkbox"/> Engineering Sciences | <input type="checkbox"/> Pathology/Biology | <input type="checkbox"/> Toxicology |
| <input type="checkbox"/> General | <input type="checkbox"/> Physical Anthropology | |

6. REFERENCES

Refer to the specific section requirements regarding references. If references are not mentioned, they are not required. It is the applicant's responsibility to distribute the reference form.

(1) _____

(2) _____

7. MISCELLANEOUS

Do you wish to have your name REMOVED from any mail solicitations that the AAFS receives? Yes No

Are you multi-lingual? Yes No If yes, please specify language(s) that you are able to read and/or speak fluently:

8. CURRENT EDUCATION If you are applying for Student Affiliate, you must complete this section.

Institution name and location: _____

Is institution accredited: Yes No Degree and major pursuing (i.e., BS/Chemistry) _____

Date program started (month/year) _____ Date of expected completion (month/year) _____

Number of credits enrolled this semester: _____ Current enrollment status: Full Time Part Time

Classes taken via: Online/distance learning Campus classroom

Plans after program completion (i.e., continue education, seek employment) _____

Employment/Career Goals _____

9. CONFERRED EDUCATION

Begin with High School diploma; include baccalaureate degree(s) and post-graduate degree(s).

INSTITUTION (including city & state)	DEGREE & MAJOR (i.e., BS/Chemistry)	CONFERRED (month & year)

10. TRAINING (If none, so state.)

INSTITUTION / LOCATION / TOPIC	DATES	SUPERVISOR / INSTRUCTOR

11. CURRENT EMPLOYMENT

Job Title _____ Date Started _____

Full Time Part Time Percentage of time dedicated to forensic science _____

Employer _____

Address _____

City _____ State/Province _____ Postal Code _____ Country _____

Employer's Website Address _____

Description of Job Functions _____

12. PRIOR PROFESSIONAL EMPLOYMENT (If none, so state.)

Job Title _____ Dates of Employment _____
 Full Time Part Time Percentage of time dedicated to forensic science _____
Employer _____
Address _____
City _____ State/Province _____ Postal Code _____ Country _____
Description of Job Functions _____

Job Title _____ Dates of Employment _____
 Full Time Part Time Percentage of time dedicated to forensic science _____
Employer _____
Address _____
City _____ State/Province _____ Postal Code _____ Country _____
Description of Job Functions _____

Job Title _____ Dates of Employment _____
 Full Time Part Time Percentage of time dedicated to forensic science _____
Employer _____
Address _____
City _____ State/Province _____ Postal Code _____ Country _____
Description of Job Functions _____

13. LICENSURES (If none, so state.)

List national and local accreditations, privileges, and credentials, e.g., boards in medicine, state medical and bar licensures, etc. **Attach photocopy of certificate(s).**

Have you ever had any license revoked? Yes No If yes, please attach explanation.

Have you ever been censured by any licensing agency? Yes No If yes, please attach explanation.

14. ETHICAL CONDUCT

Have you ever been censured for unethical conduct or procedure? Yes No If yes, please attach explanation.

Have you ever been convicted of a felony? Yes No If yes, please attach explanation.

15. MEMBERSHIP IN SCIENTIFIC & PROFESSIONAL SOCIETIES (If none, so state.)

Include offices, positions held, and dates.

16. PUBLICATIONS If numerous publications, list those most recent first. (If none, so state.)

Please identify each publication listed as “peer-reviewed” or “not peer-reviewed”.

17. ADDITIONAL INFORMATION

This is a generic application and does not address every requirement for each status and section. Please read the Section Requirements and add any information that may assist in the review of your application. For example, those applying as Associate Member in Criminalistics need to address the testimony requirement; those applying as Associate Member in Odontology need to address the forensic odontology agency affiliation requirement; etc.

18. AGREEMENT

- An Application is acceptable only when completed, signed, and accompanied by the appropriate application fee.
- My signature below authorizes the AAFS or any of its officers or staff to verify the accuracy of any of the information provided in or as part of this application.
- My signature is confirmation that I agree to adhere to the Code of Ethics and Conduct of the American Academy of Forensic Sciences, whether as an applicant, member, or affiliate.

CODE OF ETHICS AND CONDUCT

“As a means to promote the highest quality of professional conduct of its members, the following constitutes the Code of Ethics and Conduct which is endorsed and adhered to by all members and affiliates of the American Academy of Forensic Sciences.

- | | |
|--|--|
| <ul style="list-style-type: none"> a. Every member and affiliate of the AAFS shall refrain from exercising professional or personal conduct adverse to the best interests and purposes of the Academy. b. Every member and affiliate of the AAFS shall refrain from providing any material misrepresentation of education, training, experience or area of expertise. Misrepresentation of one or more criteria for membership in the AAFS shall constitute a violation of this section of the code. | <ul style="list-style-type: none"> c. Every member and affiliate of the AAFS shall refrain from providing any material misrepresentation of data upon which an expert opinion or conclusion is based. d. Every member and affiliate of the AAFS shall refrain from issuing public statements which appear to represent the position of the Academy without specific authority first obtained from the Board of Directors.” |
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Signature _____ **Date** _____