



SOUTHERN ASSOCIATION OF FORENSIC SCIENTISTS

STUDENT AFFILIATE APPLICATION FORM

Affiliate membership is available to students enrolled in an accredited four-year college or university whose major field of endeavor leads to becoming a Forensic Scientist.

Name: _____

Mailing Address: _____

Business Telephone: _____ Fax: _____

College/Univ.: _____ Academic Major(s) _____

Forensic Areas of Interest: _____

Planned year of graduation: _____

Forensic Science courses offered by the college:

Faculty Advisor or Department Head: _____

Mailing Address: _____

Signature of Department Head: _____

Name of SAFS Sponsor: _____

Should this application be acted upon favorably, I agree to adhere and support the By-Laws, Code of Ethics, and Rules and Guidelines of the Southern Association of Forensic Scientists.

Signature and Date

Mail this application to the Treasurer. Include the application fee. All Student Affiliate memberships will be limited to a three-year affiliate membership.

INSTRUCTIONS

1. The completed application must be received no later than June 1 by the Treasurer in order to be voted on at the Fall business meeting.
2. The applicant must have attended at least one meeting prior to the fall meeting at which he/she will be voted on. This presumes registration fee is paid.
3. A voting member of the Association who knows the applicant well must serve as sponsor by writing a detailed letter extensively endorsing the applicant. See below
4. A non-returnable \$10.00 application fee must accompany this application.
5. Mail the completed application and letter of endorsement to: Jesse D. Brown
145 Mallet Way
Stockbridge, GA 30281

LETTER OF ENDORSEMENT

(additional sheets may be attached as needed)

Chairman
Membership Committee
Southern Association of Forensic Scientists

Dear Sir:

I, _____ do hereby sponsor the application of

_____ for membership in the Southern Association of Forensic Scientists for the following reasons:

I further state that I have personal knowledge of the applicant and the information contained in this letter of sponsorship.

Signature of Sponsor

SPONSOR PLEASE NOTE: You are reminded that, as sponsor of this applicant, it will be your responsibility to answer any questions which arise concerning the facts of the application and the eligibility of the person sponsored. Do not agree to sponsor a person who is not well known to you. Do take the time to make sure that you have personal knowledge that all statements on the application are true. You are expected to keep the applicant informed of the status of the