



NORTHEASTERN ASSOCIATION OF FORENSIC SCIENTISTS MEMBERSHIP APPLICATION

The Northeastern Association of Forensic Scientists, Inc. (NEAFS) is a professional organization for people employed within the forensic sciences. Our goals are:

- To exchange ideas and information within the field of forensic science and to foster friendship and cooperation among the various laboratory personnel.
- To encourage a high level of competency among professionals in the field of forensic science.
- To promote recognition of forensic science as an important component of the criminal justice system.
- To stimulate increased implementation of existing techniques, along with research and development of new techniques within the field, and to encourage financial support for these efforts.

This application must be submitted for new memberships as well as membership upgrades and membership reinstatements.

For more information on membership classifications, see next page of this application. All applicants and members must follow the By-Laws and Code of Ethics. The application materials and fees must reach the membership chairperson by the publication deadline of the third Newsletter so that all applicants' names included in that Newsletter are voted upon at the annual meeting by the membership. The deadline date for the third Newsletter is on or about **September 1st**.

New members:

To be considered for the membership, the applicant must complete this application and have a sponsor complete the Sponsors Referral Form. This application must be accompanied with a fee of \$55.00. The fee consists of a non-refundable \$5.00 application fee and a \$50.00 membership fee. Once we receive the application, Sponsor's Referral, and the fee prior to August 1, you become an active applicant and are entitled to attend the association's annual meeting at the member's rate.

Membership Upgrades:

To be considered for a membership upgrade, the applicant must complete this application. Fees and sponsor form are not applicable for upgrades.

Membership Reinstatements:

To be considered for a reinstatement of membership, the applicant must complete this application. This application must be accompanied with a fee of \$55.00. The fee consists of a non-refundable \$5.00 application fee and a \$50.00 dollar membership fee. In addition, if reinstatement is requested for a lapse in dues, an additional fee of \$50.00 is incurred for a total of \$105.00. Once we receive the application and the fee(s) prior to August 1, you become an active applicant and are entitled to attend the association's annual meeting at the member's rate.



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Membership classifications (NEAFS by-laws Article VI):

General qualifications: Applicants for membership shall be expected to have previously demonstrated moral and ethical conduct befitting the profession. Any application may be rejected by the Membership Committee with the approval of the Board of Directors for the same reasons as termination of membership. (Article VI, Section 9).

Regular Member (also referred to as “Member”)

A Regular member of the corporation (NEAFS) is one who has met the minimum established standards, has been approved by the Membership Committee, and is elected by a vote of $\frac{3}{4}$ of the membership at the Annual Business Meeting. A member shall be entitled to receive all publications, to vote at business meetings, and to hold office.

Qualifications for Regular Membership Shall Be:

1. Hold a Doctorate, or Masters Degree, and have completed a minimum of two (2) years experience *or*
2. Hold a Baccalaureate degree and have completed a minimum of three (3) years experience *or*
3. Have completed a minimum of ten (10) years experience and be active in the field *or*
4. Have, in the opinion of the Membership Committee, made such significant contributions to the field and or the Corporation to warrant Regular Membership.

Experience, for purposes of Article VI, Section 2.a., is considered only in the field of forensic science.

1. Working a minimum of fifteen (15) hours per week doing examinations and interpretation of physical evidence *or*
2. Working a minimum of fifteen (15) hours per week having done examinations and interpretation of physical evidence *or*
3. Working as a full-time professor in forensic science or criminalistics in an undergraduate or graduate program at an accredited college or university.

Associate Member

Any person who does not meet the requirement for Regular membership may apply as an Associate Member. Such member shall be entitled to all rights and privileges of Members except that they shall be ineligible to vote or hold office.

Life Member

Life members shall retain all rights and privileges of Members, but shall be excused from all dues and assessments. Life Membership shall be conferred by recommendation from the *Board of Directors*, with approval of $\frac{3}{4}$ of the voting membership at the annual business meeting.

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Send this application along with a \$55.00 check or money order (payable to NEAFS) to:
NEAFS Membership Committee, P.O. Box 135, Hawthorne, NY 10532

OR

Pay online at www.NEAFS.org/membership

Applications cannot be processed without the appropriate application fees AND sponsor's referral form.

All application materials (including fees and sponsor form) must be postmarked by **September 1st**.

Section I		Membership Information	
New Members			
Membership Type (check one, refer to By Laws Article VI for requirements): <input type="checkbox"/> Associate <input type="checkbox"/> Regular			
Area(s) of interest/expertise in Forensic Science			
Sponsor Information <i>Sponsor must be a REGULAR member in good standing. A photocopy of this completed application must be submitted to the sponsor so that he/she may verify the information before filling out the Sponsor's Referral Form.</i>			
Sponsor Name		Sponsor Member #	

Reinstatements	
NEAFS Member Number:	Is there a name change? (please indicate)
Reason for Reinstatement: (If reinstatement is required for lapse in dues, an additional \$50 fee is incurred)	

Payment Method (please indicate how you wish to pay)		
Check#	Money Order#	PayPal payment date (please indicate payee name for reference):

Upgrades		
NEAFS Member Number	Member since (year)	Upgrade to (check one, refer to By Laws Article VI for requirements) <input type="checkbox"/> Regular <input type="checkbox"/> Emeritus
Is there a name change? (Please indicate)		

Section II		Applicant Information	
Name (Last)		(First)	(MI)
<input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.			
Preferred Mailing Address Home <input type="checkbox"/> Work <input type="checkbox"/>			
City		State	Zip Code
Telephone		Fax/Alternate Telephone	
Date of Birth	Email Address (required)		

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Section III Present Employer Information

Name			
Address			
City	State	Zip Code	
Telephone	Fax		
Title	Dates of employment: From		to Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Please list your duties and the percentage of time spent (weekly basis):			

Section IV Past Employer Information

Name			
Address			
City	State	Zip Code	
Telephone	Title		
Dates of employment: From		to	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Please list your duties and the percentage of time spent (weekly basis). Attach additional pages as necessary.			

Section IV Past Employer Information

Name			
Address			
City	State	Zip Code	
Telephone	Title		
Dates of employment: From		to	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Please list your duties and the percentage of time spent (weekly basis). Attach additional pages as necessary.			

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Section V	Education and Training (college, certificate courses, etc.)
Institution	
Address	
Date of Course/Length	
Degree/Certificate	
Date Conferred	
Institution	
Address	
Date of Course/Length	
Degree/Certificate	
Date Conferred	
Institution	
Address	
Date of Course/Length	
Degree/Certificate	
Date Conferred	

Section VI	Background Information
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please include explanation	
Have you ever been denied membership to any professional organizations? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please include explanation	
Have you ever been censured for unethical conduct? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please include explanation	
Please list memberships in other professional organizations. If none, so state	

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Please read the following section carefully then sign and date application.

An application is acceptable only when:

- 1) application is completed
- 2) application fee is submitted (\$55 plus \$50 for reinstatements due to lapse in dues)
- 3) sponsor form is completed (new members only)

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

By submitting this application, NEAFS or its staff is authorized to verify the accuracy of any of the information provided in or as part of this application.

I CERTIFY that the information I am providing in all of the above statements and certifications is accurate and true, to the best of my knowledge. By submitting this application, I agree to the application terms outlined above and understand it is the right of the organization to deny active applicant status if they so determine that these requirements are not satisfactorily met to the best of their standards.

Applicant Name: _____

Date: _____

FOR OFFICIAL USE ONLY		
Member #	Member Type:	
Application Received On:	Sponsor Form Received On:	
Fees Received On:	Method of Payment:	Amount \$ Check #:
Completed Confirmation Sent on:	Voted by Membership on:	Approved Confirmation sent on:

COMMITTEE COMMENTS		
Education:	B.S. M.S. Ph.D Other (explain):	
Years Experience:	Comment:	
Member Type:	Associate Regular	
Committee Member:	Committee Member:	Committee Member:



Northeastern Association of Forensic Scientists

Sponsor's Referral Form

Mail To:
NEAFS Membership
P.O. Box 135
Hawthorne, NY 10532

Email to:
Membership@NEAFS.org

Note: This form is required for NEW MEMBERS ONLY

Applicant's name & address	Name <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. (Last) (First)
	Address
	City/State

Sponsor's name (must be a <u>REGULAR</u> NEAFS member in good standing) Associate Members can NOT be sponsors
Address
Employer
Telephone Membership #
How long have you known applicant?
How did you come to know applicant?
Can you verify the information on his/her application? <input type="checkbox"/> YES <input type="checkbox"/> NO Please explain a "NO" response:
To the best of your knowledge, has the applicant ever been censured for unethical conduct? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please explain:
What specific training has the applicant had to qualify him/her for forensic work?
Do you recommend without qualification that this applicant be granted membership? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO" give reasons:

Signature of sponsor _____ Date _____