



NORTHEASTERN ASSOCIATION OF FORENSIC SCIENTISTS

EMERITUS MEMBER APPLICATION

Please mail this completed application to:

NEAFS Membership Committee

P.O. Box 135 Hawthorne, NY 10532

Or email to: Membership@NEAFS.org

Emeritus Member

Any Member meeting the following requirements may be proposed for Emeritus status by the *Membership Committee*. The member must:

- a. be at least fifty five(55) years of age
- b. be retired from full-time forensic work
- c. have been a full dues paying member of the Association for a minimum of ten(10) years
- d. Members holding Emeritus status shall retain all rights and privileges of members, but shall be excused from all dues and assessments
- e. A member may apply for Emeritus status as any time during the year by submitting a request to the Membership Chair. Those applying for Emeritus status shall be provisionally excused from all dues and assessments, beginning at the time their request is received. If the Emeritus status of a member is not approved, the member shall be responsible for the current year's dues.
- f. Emeritus status shall be conferred by recommendation from the Membership Committee with the approval of $\frac{3}{4}$ of the voting membership at the annual business meeting.
- g. Once Emeritus status is conferred, the member shall be eligible to continue their Emeritus status and receive publications free of charge on an annual basis as long as they continue to meet the Emeritus requirements.

Section II		Personal Information			
Name	(Term of Address)	(Last)	(First)	(MI)	(Suffix)
Mailing Address					
City			State	Zip Code	
Telephone			Fax		
Date of Birth		Email Address (required)			
NEAFS Membership Number		NEAFS Member since (year)		Date of Retirement	

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. I CERTIFY that I meet the requirements for Emeritus membership as described above. If for any reason I no longer meet these requirements, it is my responsibility to notify the NEAFS Membership Chair.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY			
Application received:	Completed confirmation sent:	Voted by membership:	Approved confirmation sent:
Committee Member:	Committee Member:	Committee Member:	