

SCIENTIFIC ASSOCIATION OF FORENSIC EXAMINERS

MEMBERSHIP RENEWAL APPLICATION

Please type or print clearly: The purpose of this renewal application is to keep SAFE's records updated with regard to existing member's accomplishments in the field of Forensic Document Examination. Please update fields relating to education including Academic Degrees, Certificates, and completed formal training programs. Provide copies of diplomas, transcripts or other official documents. Include a copy of your updated Curriculum Vitae. Upon registering for certification, official copies may be required.

REQUIREMENTS FOR MEMBERSHIP

1. Anyone interested in the field of forensic document examination may apply for membership.
2. All members must be completely accurate in describing their background and experience in document examination.
3. All members are required to take some continuing education each year either in the form of attendance at a seminar or college course, or participation with an on-line virtual classes in the field of document examination.
4. All members are expected to work toward certification.
5. Members are expected to adhere to the rules and regulations of their profession as described in the bylaws.

No one who has a court-finding of perjury or has a felony that has not been expunged, will be accepted as a member.

1. Personal Details

Title (Dr./Mr./Ms): _____ Last name: _____

First Name: _____ Middle name or initial: _____

Address: _____

City: _____ State : _____ Zip Code : _____

Mailing Address (If different than above) _____

Company / Firm: _____ Tel: (Work) _____

Tel: (Fax) _____ E-Mail: _____

Cell Phone: _____ Name of Contact Person: _____

Website: _____

Would you like your website listed on SAFE's website? YES _____ NO _____

2. Academic / Training / Apprenticeship Details

Qualifications obtained, including degrees, formal certificates, formal training programs or apprenticeships. year of graduation, location of school or training facility and name of trainer for apprenticeships is required.

<u>Course of Study/Mentor</u>	<u>Place of Study</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Specialized Training / Seminars Attended

Seminars Attended	Location	Dates	Classroom Hours
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4. Occupational or Employment History and Other Memberships

Please attach a resume or curriculum vitae detailing your previous employment, outlining in specific any positions or work directly related to the field of forensic document examination, along with responsibilities and accomplishments in each position. Use section below for remarks.

5. Professional Reference

Please provide the name of a professional in the FDE or an allied field who will provide us with a reference. If you trained under a mentor have your mentor provide the reference.

6. Personal Statement

The Membership Committee is interested in learning about your professional and personal goals as they relate to the FDE field. Please use the space below to describe your ambitions and expectations and how you would like to see SAFE assist in reaching those goals.

7. Current Status as Student (if applicable)

I am currently a student at _____ College / University

My field of study or major is: _____

_____ I am interested in SAFE approved educational and / or training programs in Document Examination.

_____ I have completed a Document Examination Program / Apprenticeship and am interested in Certification.

8. OPTIONAL: Please attach a photo for our files.

Would you like your photo visible on our web site? YES _____ NO _____

Are you interested in serving on a committee as _____ Chairman _____ Committee Member
Indicate which committees you would be interested in:

- _____ Bylaws
- _____ Certification
- _____ Communication - Integration (interface with other allied professions and judiciary)
- _____ Website
- _____ Education
- _____ Ethics
- _____ Membership
- _____ Publications (Journal, web site)
- _____ Recertification
- _____ Other: _____

I have read and fully understand the requirements for continued membership in the *Scientific Association of Forensic Examiners*. I am in agreement with the philosophy of utilizing innovative, and cutting edge educational delivery systems such as virtual classrooms, online and hybrid form apprenticeships.

I hereby agree to abide by the bylaws of the *Scientific Association of Forensic Examiners* and certify that all of my information is accurate and complete. I understand that SAFE may at its discretion conduct a criminal background check at any time to ensure compliance with applicable provisions of SAFE bylaws.

Signature

Date

This Application for Membership Renewal must be accompanied by a \$95.00 renewal fee. Fees may be paid on the SAFE (www.safeforensics.org) website. Select correct payment amount by clicking the down arrow next to the "Application Fee \$25.00 USD". Click on the correct amount for renewal.