



SCIENTIFIC ASSOCIATION OF FORENSIC EXAMINERS

APPLICATION FOR MEMBERSHIP

Please type or print clearly. This application cannot be processed unless the application fee is enclosed or paid on SAFE's website. Academic Degrees, Certificates, and completed formal training programs that are relevant to the forensic document examination field must be provided with copies of diplomas, transcripts or other official documents. Include a copy of your current 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 attend at least four online continuing education sessions each year, which must be completed within the calendar year prior to renewal.
4. Members are expected to adhere to the rules and regulations of their profession as described in SAFE's bylaws and Code of Ethics.

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/Mrs/Ms, etc): \_\_\_\_\_ Name : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip Code/Postal Code: \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_

Social Security Number / Drivers License Number or Other Identifier\*: \_\_\_\_\_

Company / Firm: \_\_\_\_\_ Tel: (W) \_\_\_\_\_

Tel: (H) \_\_\_\_\_ Email: \_\_\_\_\_

You Tube login info or Google email address (required in order to access continuing education videos: \_\_\_\_\_

Website: \_\_\_\_\_

I prefer to be contacted by : (1) Postal Mail (2) Email (3) Telephone (4) Other \_\_\_\_\_

Cell Phone or Other Contact Number : \_\_\_\_\_ Name of Contact Person: \_\_\_\_\_

\*This information may be required to conduct a background / security check. All information supplied will be kept strictly confidential.

## 2. Academic / Training / Apprenticeship Details

Qualifications obtained, including Degrees, Formal Certificates, Formal Training Programs or Apprenticeships. Year of completion or graduation, location of school or training facility, and name of trainer for apprenticeships is required.

Program	Year	Place of Study / School / Training
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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## 3. Occupational or Employment History

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

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## 4. Specialized Training / Seminars Attended

Courses / Seminars Attended	Location	Dates	Classroom Hours	Certificate / Diploma Earned?
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## 5. Professional References

Please provide two letters of recommendation from professionals who will attest to your ethics and professionalism. The letters may be from someone established in Forensic Document Examination or an allied field, an attorney, a past employer, or other professional. Letters of recommendation must be on letterhead and should be addressed to SAFE's Membership Chair.

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## 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.

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## 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 the following Document Examination Program / Apprenticeship and am interested in Certification.

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

Would you like your photo visible on our website? \_\_\_\_\_ YES \_\_\_\_\_ NO

Would you like your email address added to SAFE's list server (on-line forum)? This allows you to communicate with SAFE's membership and receive any communications sent to the entire group. \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you interested in serving on a committee as \_\_\_\_\_ Chairman \_\_\_\_\_ Committee Member

Indicate which committee(s) you are interested in:

- \_\_\_\_\_ Bylaws
- \_\_\_\_\_ Certification
- \_\_\_\_\_ Communication - Integration (interface with other allied professions and judiciary)
- \_\_\_\_\_ Education
- \_\_\_\_\_ Ethics
- \_\_\_\_\_ Membership
- \_\_\_\_\_ Publications (Journal, website)
- \_\_\_\_\_ Other: \_\_\_\_\_

**I have read and fully understand the bylaws and Code of Ethics of 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 understand that as a member of SAFE I will be required to receive SAFE approved training/education in order to petition for certification (if not already qualified). I hereby agree to abide by the bylaws and Code of Ethics of the Scientific Association of Forensic Examiners and certify that the information provided herein 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.**

Date : \_\_\_\_\_ Signature : \_\_\_\_\_