

# AMERICAN ACADEMY OF FORENSIC SCIENCES APPLICATION FOR MEMBERSHIP

Applications are approved at the annual meeting in February of each year. To be considered at that time, the application must be received and completed by **October 1** (including letters of reference and any additional section requirements). See "Overview of Application Process" for further details. Applications must be accompanied by the **non-refundable** application fee of **\$50 USD**. **The application fee is waived if you are upgrading your status.** Applications must be submitted by mail, online, or by email. Faxed applications are not accepted. **The most current information must be included on this form and each section must be addressed. All application materials must be in English. You may attach additional sheets or curriculum vitae, if necessary. DO NOT WRITE: "See curriculum vitae," as your application will be returned for completion.**

## MAIL TO:

American Academy of Forensic Sciences  
410 North 21st Street  
Colorado Springs, CO 80904

## ONLINE:

www.aafs.org

## EMAIL TO:

application@aafs.org

## MEMBERSHIP QUESTIONS:

membership@aafs.org

Phone: (719) 636-1100

Toll-free: 1-800-701-AAFS

## 1. PUBLISHED LISTING *(online member list)*

Given/First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Surname/Last Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

## 2. PREFERRED MAILING ADDRESS

Check if Preferred Mailing Address is the same as the Published Listing.

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

## 3. PERSONAL DATA

*The following information is used for administrative purposes only:*

Date of Birth \_\_\_\_\_

Gender  M  F  TF  TM  NB  NA

How did you hear of AAFS? \_\_\_\_\_

## 4. MEMBERSHIP STATUS REQUESTED

Associate Member  Trainee Affiliate (temporary status)  Student Affiliate (temporary status)

Were you previously an applicant, affiliate, or member of the AAFS?  Yes  No If yes, how? \_\_\_\_\_

If you have ever been known by or used another name (i.e., maiden name), please specify: \_\_\_\_\_

## 5. SECTION REQUESTED *(choose only one)*

Anthropology

Criminalistics

Digital & Multimedia Sciences

Engineering & Applied Sciences

General \_\_\_\_\_  
(Sub-discipline required. Disciplines can be found at <https://www.aafs.org/membership/individual-section-requirements>)

Jurisprudence

Odontology

Forensic Nursing Science

Pathology/Biology

Psychiatry & Behavioral Science

Questioned Documents

Toxicology

## 6. REFERENCES

Refer to the specific section requirements regarding references. If references are not mentioned, they are not required. It is the applicant's responsibility to distribute the reference form.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

## 7. MISCELLANEOUS

Do you wish to have your name REMOVED from any mail solicitations that the AAFS receives?  Yes  No

## 8. CURRENT EDUCATION *If you are applying for Student Affiliate, you must complete this section.*

Institution name and location: \_\_\_\_\_

Is institution accredited:  Yes  No Degree and major pursuing (i.e., BS/Chemistry) \_\_\_\_\_

Date program started (month/year) \_\_\_\_\_ Date of expected completion (month/year) \_\_\_\_\_

Number of credits enrolled this semester: \_\_\_\_\_ Current enrollment status:  Full Time  Part Time

Department Chair Name: \_\_\_\_\_ Department Chair Email or Phone: \_\_\_\_\_

Classes taken via:  Online/distance learning  Campus classroom

Plans after program completion (i.e., continue education, seek employment) \_\_\_\_\_

Post Education/Career Goals \_\_\_\_\_  
(i.e. educator, lab practitioner, investigator, etc.)

## 9. CONFERRED EDUCATION

Begin with High School diploma; include baccalaureate degree(s) and post-graduate degree(s).

INSTITUTION (including city & state)	DEGREE & MAJOR (i.e., BS/Chemistry)	CONFERRED (month & year)

## 10. TRAINING *(If none, so state.)*

INSTITUTION / LOCATION / TOPIC	DATES	SUPERVISOR / INSTRUCTOR

## 11. CURRENT EMPLOYMENT

Job Title \_\_\_\_\_ Date Started \_\_\_\_\_

Full Time  Part Time Percentage of time dedicated to forensic science \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Employer's Website Address \_\_\_\_\_

Description of Job Functions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**12. PRIOR PROFESSIONAL EMPLOYMENT** *(If none, so state.)*

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Full Time  Part Time Percentage of time dedicated to forensic science \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Employer's Website Address \_\_\_\_\_

Description of Job Functions \_\_\_\_\_

\_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Full Time  Part Time Percentage of time dedicated to forensic science \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Employer's Website Address \_\_\_\_\_

Description of Job Functions \_\_\_\_\_

\_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Full Time  Part Time Percentage of time dedicated to forensic science \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Employer's Website Address \_\_\_\_\_

Description of Job Functions \_\_\_\_\_

\_\_\_\_\_

**13. LICENSURES** *(If none, so state.)*

List national and local accreditations, privileges, and credentials, e.g., boards in medicine, state medical and bar licensures, etc. **Attach photocopy of certificate(s). If you answer yes to any of the following questions, please attach an explanation.**

Have you ever had any professional license or certificate revoked or suspended?  Yes  No

Have you ever been censured by any licensing agency?  Yes  No

**14. ETHICAL CONDUCT**

If you answer yes to any of the following questions, please attach an explanation.

Have you ever been found to have engaged in unethical conduct by any employer, licensing or certifying agency, professional organization, law enforcement agency, or during any judicial proceedings?  Yes  No

Are you currently the subject of a review and/or investigation for unethical conduct?  Yes  No

Have you ever been convicted of a felony?  Yes  No

**15. MEMBERSHIP IN SCIENTIFIC & PROFESSIONAL SOCIETIES** *(If none, so state.)*

Include offices, positions held, and dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**16. PUBLICATIONS** If numerous publications, list those most recent first. *(If none, so state.)*

Please identify each publication listed as “peer-reviewed” or “not peer-reviewed”.

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**17. ADDITIONAL INFORMATION**

This is a generic application and does not address every requirement for each status and section. Please read the Section Requirements and add any information that may assist in the review of your application. For example, those applying as Associate Member in Criminalistics need to address the testimony requirement; those applying as Associate Member in Odontology need to address the forensic odontology agency affiliation requirement; etc.

**18. AGREEMENT**

- An Application is acceptable only when completed, signed, and accompanied by the appropriate application fee.
- My signature below authorizes the AAFS or any of its officers or staff to verify the accuracy of any of the information provided in or as part of this application.

My signature is confirmation that I agree to adhere to the Code of Ethics and Conduct of the American Academy of Forensic Sciences.

- Status remains that of Applicant (or current status if upgrading) until formally approved by the Board of Directors.

**CODE OF ETHICS AND CONDUCT**

“As a means to promote the highest quality of professional and personal conduct of its members and affiliates, the following constitutes the Code of Ethics and Conduct which is endorsed by all members and affiliates of the American Academy of Forensic Sciences:

- a. Every member and affiliate of the Academy shall refrain from exercising professional or personal conduct adverse to the best interests and objectives of the Academy. The objectives stated in the Preamble to these bylaws shall be to promote professionalism, integrity, and competency in the membership's actions and associated activities; to promote education for and research in the forensic sciences; to encourage the study, improve the practice, elevate the standards and advance the cause of the forensic sciences; to promote interdisciplinary communications; and to plan, organize and administer meetings, reports and other projects for the stimulation and advancement of these and related purposes.
- b. No member or affiliate of the Academy shall materially misrepresent his or her education, training, experience, area of expertise, or membership status within the Academy.
- c. No member or affiliate of the Academy shall materially misrepresent data or scientific principles upon which his or her conclusion or professional opinion is based.
- d. No member or affiliate of the Academy shall issue public statements that appear to represent the position of the Academy without first obtaining specific authority from the Board of Directors.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_