



## APPLICATION FOR MEMBERSHIP

TITLE: \_\_\_\_\_ SURNAME: \_\_\_\_\_ GIVEN NAME(S): \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS HRS PH. NO: ( \_\_ ) \_\_\_\_\_ MOBILE PHONE NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NOMINATED BY: (Must be a current regular or life member of the ASFDE Inc)

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### TERMS OF MEMBERSHIP

In the event of my admission as a member I agree to be bound by the rules of the association and understand that I will be subject to the ASFDE Inc Code of Ethics.

I have attached a copy of my Curriculum Vitae as proof of my employment, qualifications, training and experience in the field of forensic document examination. I acknowledge that, should the Committee decide I do not fulfil the requirements for the level of membership indicated below, I may be offered an alternative level of membership in lieu.

I understand that it is my responsibility to inform the Committee of changes to my employment status that would affect my eligibility for membership, and that the provision of fraudulent information on membership documents may result in my expulsion from the Society.

#### Membership Level: Tick one box

(Please see <http://www.asfdeinc.org> for details)

- Regular Membership (\$100)
- Provisional Membership (\$100)
- Associate Membership (\$100)

#### Payment Options: Tick one box

- Cheque/Money Order- made out to "Australasian Society of Forensic Document Examiners Inc"
- Cash
- Direct Deposit – BSB: 035-006, Account No: 148815

*Please put your surname and "membership" in the Transaction memo*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Office Use Only:** Entered Date: \_\_\_\_\_ By: \_\_\_\_\_ Receipt: \_\_\_\_\_