



## MEMBERSHIP APPLICATION FORM

### Applicant Details

Title:  Given Name (s):  Surname:

Occupation:  Organisation:

Mailing Address:

Business Phone Number:  Mobile Number:

Email Address:

The Society uses email as the primary method of correspondence so **please ensure the email address is correct and inform us if it changes**

### Membership Level

(please see <http://asfdeinc.org/membership/> for details)

Regular  Associate  Corresponding

### Terms of Membership

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.

**Note:** If your CV does not predominately relate to experience in the field of document examination, please also provide a description of the role you are working or training in as it relates to document examination.

I have included contact information for two professional referees and at least one referee is active in the field of document examination.

I acknowledge that, should the ASFDE Inc. Committee decide I do not fulfil the requirements for the level of membership selected, I may be offered an alternative level of membership.

In the event of my admission as a member I agree to be bound by the ASFDE Inc. Constitution and understand that I will be subject to the ASFDE Inc. Code of Ethics (<http://asfdeinc.org/organisation/>). Membership is for the Society's financial year; 1 April to 31 March.

I understand that it is my responsibility to inform the ASFDE Inc. Committee of changes to my employment status that would affect my eligibility for membership.

I authorise ASFDE Inc. to use my personal information to provide access to the ASFDE Inc. website and send me notifications about ASFDE Inc. events and opportunities, membership renewals, and third party events that the ASFDE Inc. committee think members might be interested in. I understand my personal information will not be passed on to any third party. I also understand that if I do not agree with ASFDE Inc. using my personal information in this way I will be unable to finalise my membership application.

Signature of Applicant

Date

This form can be submitted using the button below or by emailing [memberships@asfdeinc.org](mailto:memberships@asfdeinc.org).  
You will be notified in writing of the outcome of your application following consideration by the ASFDE Inc. Committee.