



# Southwestern Association of Forensic Scientists Application Form

Acceptance of new members occurs throughout the year according to the current Association Constitution and Bylaws. Applications must be accompanied by **\$5 USD non-refundable** application fee, **2 references** from current SWAFS voting members (Regular, Distinguished or Emeritus) and a current **curriculum vita** to be considered. Curriculum vitae should outline the following: education, training, professional employment history and professional memberships including committees or offices held if applicable.

Mail to: SWAFS Membership Committee  
Scottsdale PD lab - SWAFS  
PO Box 3167  
ETempe, AZ 85280-3167  
Attn: Jennifer Valdez

480-312-5276  
[membership2@swafs.us](mailto:membership2@swafs.us)  
[www.swafs.us](http://www.swafs.us)

Applicant for Student ( ) Partner ( ) Associate ( ) Regular ( )

### Preferred Mailing Information Home ( ) Work ( )

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Agency \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
Date of Employment ( / / )  
City \_\_\_\_\_ Date of Birth ( / / )  
State \_\_\_\_\_ Postal Code \_\_\_\_\_ Sex F ( ) M ( )  
Country \_\_\_\_\_ Maiden or other name? \_\_\_\_\_

### Applicant's area(s) of expertise (check all that apply)

Latent Prints ( ) Crime Scene ( ) Trace ( ) Serology ( ) DNA ( ) Firearms ( ) Drugs ( ) Clan Labs ( )  
Breath Alcohol ( ) Blood Alcohol ( ) Toxicology ( ) Other \_\_\_\_\_

### Miscellaneous Information

Y ( ) N ( ) Have you ever been investigated, censured or disciplined for unethical conduct or procedure? If yes, please attach explanation.  
Y ( ) N ( ) Were you previously an applicant or member of SWAFS? If yes, when? \_\_\_\_\_  
Y ( ) N ( ) Do you hold any pertinent certifications or licenses? If yes, please list on curriculum vita.

### Reference Information

Name	Membership Classification
1. _____	_____
2. _____	_____

Supervisor's name and email \_\_\_\_\_

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

I certify by my signature above that to the best of my knowledge all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. My signature authorizes the SWAFS or any of its officers or staff to verify the accuracy of any of the information provided in or as part of this application. New Membership Applications and documents will be archived for a 3-year period with the Membership Committee. After this 3-year period, those records will be shredded. If you require permanent records be archived you will need to keep them yourself. All old applications will be purged once pertinent information is obtained and archived electronically

Refs ( ) Fee ( ) CV ( ) Posted \_\_\_\_\_ Voted \_\_\_\_\_