



**3. Committees (2 pts per year)**

Committee – Date

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**4. Offices Held (3 pts. each)**

Office – Date

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**5. Journal Contributions (2 pts. each)**

Title – Date

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**6. Journal Editor (3 pts. per year)**

Journal Volume and Issue # – Date

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**7. Workshop or Paper Presentation (2 pts. per presentation)**

Title – Date

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Miscellaneous Information**

- Y ( ) N ( ) Have you ever been investigated, censured or disciplined for unethical conduct or procedure? If yes, please attach explanation.
- Y ( ) N ( ) Have you ever had any license or certification revoked? If yes please attach explanation.

**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

**Committee Use Only**

Meeting Attendance _____	Meeting Host _____
Committees _____	Offices Held _____
Journal Contributions _____	Journal Editor _____
Workshops/Presentations _____	
<b>Total Points</b> _____	