



Caribbean Association of Forensic Sciences Membership Application Form

For CAFS Official Use Only	Membership #: _____
	Date Received: _____
	Payment Type: _____
	Amount Rec'd: _____

APPLICATION FOR MEMBERSHIP

RETURN APPLICATION AND PAYMENT TO:

Caribbean Association of Forensic Sciences
c/o Caribbean Genetics (Carigen)
The University of the West Indies
FMS Teaching & Research Complex
Mona Campus
Kingston 7
Jamaica

Office: 1 876 970 1194 or UWI Mona ext. 8052

Fax: 1 876 977 9285

Email: thecafs.ja@gmail.com

- Annual 80 US \$ Carib/Non-Carib Professional member Dues
Amount 60 US \$ Carib/Non-Carib Associate member
 35 US \$ Carib/Non-Carib Student member
Other 600 US \$ Sustaining Associate Membership
Optional 5 US \$ CAFS Member Lapel Pin

MEMBERSHIP CATEGORIES

Professional Membership is for an individual actively engaged as an examiner, analyst, practitioner, or supervisor in the forensic sciences, law enforcement and medicolegal field. The term “professionally engaged” is defined as an individual’s principal professional endeavor or an ancillary enterprise comprising a significant amount of professional activity.

Associate Membership is for an individual wholly or partially engaged in the forensic sciences, law enforcement and medicolegal field who is not qualified for Professional Membership. Associate members are subject to the same rules, fees, and charges, and are entitled to all rights and privileges of Active membership, with the exception that they are not entitled to hold the office of President or Vice President of the CAFS.

Sustaining Associate Membership is for an individual who meets the defined criteria as stated above for Associate Membership and prefers to make one payment (which is 10 times the current annual dues amount) and eliminates the requirement of annual dues.

Student Membership is for a full or part time university student majoring in forensic science, medicolegal field and law enforcement. Applicants must include a letter or current transcript from their educational institution certifying the applicant is currently taking at least 10 semester credits or the equivalent in quarter credits for undergraduate study. At least 7 semester credits or the equivalent in quarter credits is needed for graduate study applicants. The letter must state the number of credits being taken. The words “full-time student” will not suffice.

Membership Status Applied For

Professional Associate Student Sustaining Associate Professional

Field of Specialty (select A for primary, B and C for secondary that may apply)

- Anthropology General Forensics Crime Scene Examination Jurisprudence Bloodstain Pattern Analysis
 Digital & Multimedia Sciences Forensic Odontology Engineering Sciences Forensic Pathology
 Clinical Forensic Medicine Psychiatric & Behavioral Science Document Analysis Toxicology
 Fingerprint Examination Crime Scene Investigation Forensic Firearm Examination Laboratory Management
 Forensic Chemistry Forensic Biology Forensic Nursing Fire/Arson Investigation Ballistic DNA Analysis
 Death Scene Investigator Other-----

Personal Information

Title: Last Name: First Name Middle Initial:
Sex: Job Title: Employer:

Contact Information

Work Name and Address: City: State: Postal Code:
Country Telephone: Fax: Email Address:

Preferred Mailing Address

Home Work other (complete below)

City: State: Postal Code: Country: Telephone:

Nominator _____ (Preferred but not mandatory). CAFS Member Name CAFS Member Number CAFS Member Signature		
CAFS Member Email _____		
CAFS Member Phone Number _____		
CAFS Office Use Only		
Approved _____ Regional Representative or Sub Committee Chair	Approved _____ Head of Operations (signature and date)	

References

Provide the name, position and professional address of two referees who can be contacted:

- 1.
- 2.

Personal History

(List current job duties, education, experiences, membership in scientific or professional societies, licensure and or publication if applicable. Attach additional information if needed.)

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?

Are you currently the subject of a review and/or investigation for unethical conduct?

Have you ever been convicted of a felony?

Agreement

Application is acceptable only when completed, signed, and accompanied by the appropriate application fee.

My signature below authorizes the CAFS 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 Caribbean Association of Forensic Sciences, whether as a Member or Associate.

Signature: _____
Applicant signature

Date: _____

CREDIT CARD PAYMENT Please complete ALL information below for authorization. Thank you!

Visa MasterCard Discover / Novus American Express NCB Key Card

Credit Card Number

Security Code

Expiration Date (month/year)

Print Name (as it appears on credit card)

Billing Address