

# AFQAM Membership Recommendation Form

Required recommendation(s):

-one current or former AFQAM member in good standing

OR

-two professional references, one of which must be the applicant's supervisor.

Applicant:

Agency:

How do you know the applicant?

How long have you known the applicant?

Would you classify the applicant as  
professionally competent and of  
good character?

Yes

No

Describe your knowledge of the applicant's duties:

AFQAM membership shall be open to individuals of professional competence, integrity and good moral character:

\* Who are actively engaged in the field of forensic quality assurance management performing system or laboratory wide quality assurance duties

OR

\* Who are advancing the profession of forensic quality assurance management in a significant manner

Do you, without qualification, recommend the applicant for membership in AFQAM based on the above requirements?

Yes

No

If no, please state your reservations:

Please use the back of this form for any additional comments you wish to make regarding the applicant.

Your name (print):

E-mail:

Telephone:

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

Date: