rev. 02/28/18

AFQAM Membership Application Form

See AFQAM Bylaws Article 2: Membership for explanation of the membership types

Desired membership level:
☐Full ☐Associate
☐Affiliate

Name

Employment Address

Agency Name:

Agency Address 1:

Agency Address 2:

City: State: Zip:

Email:

Phone Number:

Preferred Mailing Address ☐Same as employment address

Address:

City: State: Zip:

Exact Job Title:

Time in QA Position:

Supervisor:

Supervisor's Email:

How did you hear about us? ☐Flyer ☐Website ☐Referral ☐Meeting/Conference ☐Other:

AFQAM membership shall be open to individuals of professional competence, integrity and good moral character who are actively engaged in forensic quality assurance at the time of application and membership renewal.

Describe your routine job duties: (attach additional pages, if necessary)

Describe how you meet the membership qualifications: (attach additional pages, if necessary)

Date rec'd ☐
_____ ☐
☐
☐☐
☐
for AFQAM use only

Application Document Checklist:

☐ Application
☐ Job description or org chart
☐ CV or resume
☐ Recommendation letter(s)
☐ $25 U.S. Non-Refundable Processing fee made payable to "AFQAM" (**foreign funds not accepted**)

Send completed documents and non-refundable processing fee to:

Abby Schwaderer, AFQAM Secretary
Ohio Bureau of Criminal Investigation
P.O. Box 365
London, OH 43140
Secretary@afqam.org

Application deadline: Sixty (60) days prior to the annual business meeting.