

Date received: _____ Date posted _____ Date accepted _____ AC # _____



Association for Crime Scene Reconstruction

Membership Application



Membership Type:

Personal Information

Name:

Agency / Business:

Agency / Business Address:

City:

State / Province:

Country:

Zip:

Address where you would like ACSR mail sent:

City:

State / Province:

Country:

Zip:

Telephone:

Email:

Professional Experience

Provide professional work history (including dates) and areas of specialization (attach resume or CV if needed)

Professional Organizations

List all Professional Organizations in which you are a member of good standing. Include dates of membership.

Qualifications

List your specialties, disciplines and other areas of expertise.
List years of experience and whether you are a court qualified expert.

ACSR Member(s) recommending applicant

1. _____ 2. _____

Typed if signed

Typed if signed

Email address of member

Email address of member

Application / Membership Dues

I have attached a check: Check Number:

Amount:

Date:

Please bill my credit card:

Card Type:

Card Number:

Expiration Date:

Card Verification Number:

Name as it appears on card:

Company:

Street Address:

City:

State:

Postal Code:

Country:

Phone Number:

Email address of card holder:

I made my application payment on-line at www.acsr.org

I hear-by authorize the Association for Crime Scene Reconstruction (ACSR) or any of its officers or agents to verify the accuracy of all the information provided by me in my application. I understand that any misrepresentation of my experience or qualifications is cause for rejection of my application.

Signature: _____ Date: _____

Please mail your application to Membership Chairman:

Melissa Fernandez

PO Box 2189

Sedona, AZ 86336