

American Society of Questioned Document Examiners

Membership Application

Step 1 ♦ Class of Membership: Affiliate ___ Provisional ___ Provisional Specialist ___ Corresponding ___
--

Step 2 ♦ Personal Information:

Name:	Gender: M ___ F ___
-------	---------------------

Preferred Mailing Address:

City:	State/Province:	Postal Code:	Country:
-------	-----------------	--------------	----------

E-mail Address:	Telephone:
-----------------	------------

Current Laboratory or Firm:	Address of Current Lab or Firm if Different:
-----------------------------	--

City:	State/Province:	Postal Code:	Country:
-------	-----------------	--------------	----------

E-mail Address:	Telephone:
-----------------	------------

Step 3 ♦ Post Secondary School Education: A request must be made by the applicant to the college to have an official transcript or official proof of graduation forwarded directly to the Chair of the Membership and Credentials Committee listed at the end of the application.

Institution	Location	Dates	Degree

Step 4 ♦ Training in Questioned Document Examination or Specialist Field :
--

Laboratory or Firm:	Dates: From _____ to _____
Mentor:	Full Time: _____ Part Time: _____
E-Mail Address:	Telephone:

Laboratory or Firm:	Dates: From _____ to _____
Mentor:	Full Time: _____ Part Time: _____
E-Mail Address:	Telephone:

Laboratory or Firm:	Dates: From _____ to _____
Mentor:	Full Time: _____ Part Time: _____
E-Mail Address:	Telephone:

Step 5 ♦ Nature of present employment:	
Percent of your time devoted to Document Examination/Speciality?	
What does your present employment involve?	
What other duties or work, professional or business do you perform?	
Where have you testified as a document examiner or specialist?	
In what other disciplines do you or have you testified?	
Are you aware of any case in which you were opposed by another document examiner.? Please provide details.	
Step 6 ♦ List any professional organizations with which you are affiliated:	
Step 7 ♦ Sponsors and Referenes: List the names and contact information of at least two Society members or practicing document examiners who are willing to attest to your qualifications and ethical character.	
Name:	Name:
E-Mail Address:	E-Mail Address:
Name:	Name:
E-Mail Address:	E-Mail Address:
Name:	Name:
E-Mail Address:	E-Mail Address:
Step 8 ♦ Certification: Have you been certified by the American Board of Forensic Document Examiners or a similar body?	
Certification Body:	Certification Date:

Step 9 ♦ Commitment to the Society:

Are you familiar with and willing to subscribe to the ASQDE By-laws and Code of Ethics? _____

As an Affiliate, Provisional or Specialist Member would you be willing and able to comply with the requirement of the By-laws to attend a Society Meeting and participate in the program at least every three years? _____

As a Corresponding Member, would you be willing to comply with the requirement of the By-laws to submit a paper or otherwise contribute to the scientific program at least every three years? _____

Step 10 ♦ Signature of Applicant

I affirm that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief.

Signature of Applicant

Date

Please submit the completed Application to:

Lamar Miller

ASQDE Membership Committee

105 Lorene Drive

Harvest, AL 35749

E-Mail: Lamar.Miller70@gmail.com