



SOUTHEASTERN ASSOCIATION OF FORENSIC DOCUMENT EXAMINERS

www.safde.org

APPLICATION FOR MEMBERSHIP

Applicants for any Membership status **must attend one meeting** before being voted to membership.

Applying for: ☐ Regular Member ☐ Associate Member ☐ Corresponding ☐ Trainee Member

1. Name: _____

2. Position or Title: _____

3. Business Address: _____

4. Mailing Address: _____

5. Business Phone: _____ Home Phone _____ Other Phone _____

6. Education, Highest Degree Conferred, Name of Institution and Year Awarded: _____

7. Affiliations in other professional and scientific organizations, include certifications: _____

8. Do you conduct examinations and testify in fields other than questioned documents? yes ☐ no ☐

9. If the answer is yes to #8, list other fields: _____

10. List your basic training in QD work, by whom and the location and dates: _____

11. Provide the names of two questioned document examiners who are familiar with your work experience and training. One of these examiners must be a member of this organization.

Please provide them with the attached [recommendation form](#).

12. A. Do you regularly prepare written questioned document reports? _____

B. Approximate number for the past year: _____

13. A. Do you regularly testify in courts of law regarding questioned document problems? _____

B. Approximately how many times in the past year? _____

C. Approximately how many times in the past five (5) years? _____

14. In the past five years, have you opposed or been opposed by another document examiner in court concerning questioned document problems? _____

15. If your answer to #14 is yes, please give the names of experts, dates, locations and the style of the cases: _____

16. Have you read a copy of the by-laws? _____

17. If accepted as a member are you willing to attend and participate at regular meetings? _____

The Southeastern Association of Forensic Document Examiners requires all applicants for membership to possess and maintain integrity and a good reputation in his/her profession. By affixing your signature below you agree to maintain high standards of professional conduct to include refraining from all criminal and morally reprehensible conduct. You agree that conclusions rendered must be supported and justified by the physical evidence, are within your area of expertise, and that your conclusions will be unbiased. Furthermore, you agree to avoid conflicts of interest, maintain case confidentiality if legally possible and refuse to accept case work on a contingent fee basis.

Date

Signature of Applicant