



Membership Application

American College of Forensic Examiners Institute®

2750 E Sunshine St., Springfield, MO 65804 | www.acfei.com | 800.423.9737 | cao@acfei.com

The American College of Forensic Examiners Institute® (ACFEI) is an independent, scientific, and professional association representing forensic professionals worldwide. ACFEI is a multidisciplinary association that promotes and advances leading professionals and practitioners from the United States and other countries who are concerned about national and international forensic challenges through education and research programs, professional exchanges, and outreach.

Membership Benefits

- **Receive FREE continuing education credits** by completing short courses online.
- **Earn recognition** as a Diplomat and Fellow for excellence and achievement in meeting ACFEI's high standards and increase your visibility in the field of forensic science.
- **Network** with top forensic consulting professionals by attending ACFEI's national conferences.
- **Eligibility for Affinity benefits** such as special rates on insurance premiums through Liberty Mutual Insurance, discounts on car rentals through Hertz and reward points when you shop online using AchieveLinks.
- Gain opportunity to be listed in the "Find a Forensic Specialist" section of our Web site, providing an additional source for referrals.

Personal Information

Prefix: Dr. Mr. Mrs. Ms. Miss Prof. Rev. Other: _____ Gender: Male Female

First Name		MI	Last Name		DOB
Address Line 1			Address Line 2		
City		State	Zip	Cell Phone	
Office Phone		Home Phone		Fax	
E-mail				License Number/State	
Years of Experience	Degrees (highest first), Licenses, Certifications – Please note, ACFEI will only list four designations.				
Primary Specialty			Position/Alternate Title		
Employer Name			Please print your name exactly as you would like it to appear on your certificate.		

How did you hear about ACFEI (if referred by member, please list first and last names)? _____

Insert any offer code from a letter and/or marketing piece: _____

Professional References

1) _____

Name	Position	Phone	Email
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2) _____

Name	Position	Phone	Email
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****Please include current resume/curriculum vitae when submitting application form for consideration. ****

Credentials

Please select the credential(s) about which you would like to receive additional information:

- | | |
|--|--|
| <input type="checkbox"/> Certified Forensic Accountant, Cr.FA® | <input type="checkbox"/> Certified Forensic Nurse, CFN® |
| <input type="checkbox"/> Certified Forensic Consultant, CFC® | <input type="checkbox"/> Certified Forensic Physician®, CFP |
| <input type="checkbox"/> Certified Forensic Social Worker, CFSW | <input type="checkbox"/> Certified Medical Investigator®, CMI |
| <input type="checkbox"/> Certified Master Forensic Social Worker, CMFSW® | <input type="checkbox"/> Certified Criminal Investigator, CCI® |

ACFEI Divisions

As an ACFEI member, you have the opportunity to be listed in our online referral service, Find a Forensic Specialist. Each listing is \$35 per year. I agree to have my work phone and e-mail information made publicly available on the Web site.

Please select the division(s) under which you would like to be listed.

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Forensic Anthropology | <input type="checkbox"/> Legal | <input type="checkbox"/> Private Investigations |
| <input type="checkbox"/> Admiralty | <input type="checkbox"/> Cyber Security | <input type="checkbox"/> Forensic Linguistics | <input type="checkbox"/> Medical | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Behavioral Profiling | <input type="checkbox"/> Defensive Tactics | <input type="checkbox"/> Forensic Optometry | <input type="checkbox"/> Medical Examiner | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Chaplaincy | <input type="checkbox"/> Dentistry | <input type="checkbox"/> Gerontology | <input type="checkbox"/> Military | <input type="checkbox"/> Questioned Documents |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Engineering | <input type="checkbox"/> Independent Med. Examiner | <input type="checkbox"/> Nursing | <input type="checkbox"/> Recorded Evidence |
| <input type="checkbox"/> Computer Forensics | <input type="checkbox"/> Entertainment Industry | <input type="checkbox"/> Insurance | <input type="checkbox"/> Pathology | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Environmental, Health,
and Safety Investigation | <input type="checkbox"/> Investigations | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Toxicology |
| <input type="checkbox"/> Criminalistics | | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Polygraph | |

Payment Information

- Become a member:** Annual dues \$165 (International addresses, add \$25 for additional postage)..... _____
OR
- Become a Life Member:** Never pay dues again – \$2500..... _____
- Divisions:** \$35 x _____ listings (+) _____
- Discount/Promotional Code:** _____ (-) _____

Payment must be received before the application is processed. You may choose the payment method that is most convenient (personal/company check or credit card). Payment plans are available for Life Membership. For the payment plan, a minimum of \$250 down payment must be made, and the balance can be paid in monthly installments (\$200 minimum) by check or automatically charged to your credit card. A life certificate will be issued upon full payment. Annual membership dues for the year are \$165 for general members or \$190 for credentialed members. There is a \$75 administrative fee assessed for all canceled or rejected applications and a \$20 NSF fee assessed for each returned check.

- Visa MasterCard American Express Discover Check enclosed (payable to ACFEI) Money order

ACFEI does not accept wire transfer payments.

- Yes! Please sign me up for **automatic dues renewal** (only available if paying by credit card).*

- Paid in full \$_____ **Life Membership Only:** Please accept \$_____ (min. \$250) as a down payment and charge \$_____ (min. \$200) per month until balance is paid in full.

Card Number: _____ Expiration: _____

Signature _____ Date: _____

Terms of Agreement

I certify that the information I have provided to American College of Forensic Examiners Institute®(ACFEI) is true, correct, and complete. I am not providing misleading, false, or deceptive information. I understand that if I have provided misleading, false, or deceptive information, the association will pursue aggressive legal action. I may be asked to provide additional documentation. I understand that ACFEI reserves the right to verify any and all information that I provide. If I misrepresent my credentials, refuse to provide documentation at a later time if asked, or allow my membership with ACFEI to lapse, I understand and agree that my membership and/or certification status will be revoked and my membership terminated. If the documentation required for the credential or membership status for which I am applying is not received within 6 months from the date of application, I understand that no refund will be issued in the event of the cancelation or denial of my application. I agree that I will notify ACFEI in writing of any complaints, civil or criminal that is made against me. I agree to hold harmless and indemnify ACFEI and its officers, directors, employees, and agents for any misrepresentation of my credentials and for all claims, loss, judgment, or expense. ACFEI does not endorse, guarantee, or warrant the work or opinions of any individual members. Membership does not imply licensing or registration by the organization of a member’s qualifications, abilities, or expertise. The objective of ACFEI’s publications and the activities that it sponsors are for informative and educational purposes. The views expressed by the authors, publishers, or presenters are their own views and do not necessarily reflect those of ACFEI. ACFEI does not assume any responsibility or liability for its members or subscribers’ efforts to apply or use the information, suggestions, or recommendations made by the organization, publication resources, or activities.

YES NO

- Have you ever been convicted of a felony? If yes, please explain on a separate sheet of paper.
- Have you ever been disciplined, or are you currently under investigation, by a legal or licensing board? If yes, please explain on a separate sheet of paper.

Signature

Date

Submit the application: By mail: 2750 E. Sunshine, Springfield, MO 65804 | By fax: 417.881.4702
Online: www.acfei.com | By e-mail: cao@acfei.com | By phone: 800.423.9737