

**AMERICAN SOCIETY OF CRIME LABORATORY DIRECTORS**

**APPLICATION FOR ACADEMIC AFFILIATE MEMBERSHIP**

SPONSOR FORM

SPONSORS: A more extensive endorsement of the applicant may be made by appending a letter of recommendation to this page. The form letter below, however, is sufficient for the purpose of the ASCLD, Inc. bylaws. Please sign it, in addition to any further endorsement you may wish to make.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

How long have you known applicant:

To your knowledge, is/has applicant: Yes No

Currently engaged in forensic education?

Of good character?

Ever been censured for unethical conduct?

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

To Whom it May Concern:

, who has applied for Academic Affiliate Membership in the American Society of Crime Laboratory Directors, Inc., is known to me, and I have certain knowledge that (s)he is currently employed as an educator or instructor by an institution of higher learning or public law enforcement training academy. I endorse the application without reservation, and believe that, if accepted into membership, (s)he will be a credit to the corporation.

Printed Name Signature

Send completed sponsor form to:

Office@ASCLD.ORG

3

Rev. 5/17