



575 Market Street, Suite 2125, San Francisco, CA 94105
Phone 415.369.9614 Fax 415.764.4933 www.forensic.org execdir@forensic.org

MEMBERSHIP APPLICATION

APPLICATION PROCEDURE AND CHECKLIST

Please note that completing the application and paying the application fee does not guarantee membership.

- Complete the Membership Application Form
- Attach your Resume/CV
- Submit a \$50 non-refundable one-time Application Processing Fee
 - Enclose a check payable to FEWA OR
 - Pay by credit card. Include the information in the Membership Application Form.
- Send the Membership Application Form, resume/CV, and Application Fee via:
 - Mail: FEWA, 575 Market Street, Suite 2125, San Francisco, CA 94105
 - Email: execdir@forensic.org
 - Fax: 415.764.4933

APPLICANT INFORMATION

First Name	Middle Name	Last Name
Address		
Business Phone		Additional Phone
Fax	Email	
Company Name		Website
Credit Card No.		Exp. Date

MEMBERSHIP CLASSIFICATIONS

- Regular Member** **\$295 Annual membership fee**
A forensic consultant in any recognized field who has completed a minimum of 3 verifiable forensic engagements (testimonies and/or depositions).
- Associate Member** **\$195 Annual membership fee**
A forensic consultant who has 2 or less verifiable forensic engagements (testimonies and/or depositions).
- Affiliate Member** **\$345 Annual membership fee**
A professional using or supporting forensic consultants.

CHAPTER AFFILIATION PREFERRED

- Arizona
- Chicago
- Dallas
- Florida
- Houston
- Los Angeles
- Orange County
- Sacramento/Sierra
- San Diego
- San Francisco



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CONVICTIONS, SANCTIONS, REVOCATIONS

Have you ever been convicted of a felony, sanctioned by a court of law, or had a license, permit, certification or professional accreditation revoked? No Yes, please attach an explanation.

REFERENCES

Completed by Regular Membership and Associate Membership Applicants. References will be contacted.

- *Regular Membership: Provide three (3) attorney references who have employed you as a forensic consultant and have provided testimonies and/or depositions.*
- *Associate Membership: Provide three (3) attorney and/or professional references.*

Name	Email	Telephone	Mailing Address (Street, City, State, ZIP)

QUALIFICATIONS

Completed by Regular Membership Applicants.

Date	Court Case No.	Case Title

AFFIRMATION

- I certify that the information contained herein is true, complete and accurate to the best of my knowledge and belief. My signature authorizes the Forensic Expert Witness Association, or its representatives, to verify any and all information provided in connection with this application and the attached resume or CV.
- I hereby hold that the Forensic Expert Witness Association and its Board of Directors, representatives, all individuals, institutions, etc. harmless in connection with the verification of any or all information contained herein.

Name (*Print or type*) Signature Date