

# MEMBERSHIP APPLICATION

Professional Society of Forensic Mapping  
4964 Ward Road  
Wheat Ridge, Colorado 80033



Check us out on the web at [www.psfm.org](http://www.psfm.org) and at Yahoo! Groups  
(keyword: ForensicMapping)

**ALL DUES EXPIRE JULY 1, WHETHER FULL OR PARTIAL YEAR**

MEMBERSHIP TYPE: FULL (\$30)  ASSOCIATE (\$20)  PAYABLE IN U.S. DOLLARS **ONLY** - NO EXCEPTIONS

## COMPLETE ALL SECTIONS

PERSONAL INFORMATION		ORGANIZATIONAL INFORMATION		YEARS OF EXPERIENCE <input type="text"/>
PREFIX (Dr, Lt, Sgt)	NAME	AGENCY OR EMPLOYER		
ADDRESS		ADDRESS		
CITY	STATE, ZIP (00000-0000)	CITY	STATE, ZIP (00000-0000)	
USE MY.....		YOUR POSITION		
HOME ADDRESS <input type="checkbox"/>		BUSINESS ADDRESS <input type="checkbox"/>		
PREFERRED PHONE (000-000-0000)		PREFERRED E-MAIL ADDRESS		

### JOB DUTIES

Forensic Mapping Training: List location, dates, & Instructor's name. A copy of your Certificate of Completion **MUST** accompany this application

I affirm that I have read and agree to abide by the Standards recommended by PSFM that are found at [www.psfm.org](http://www.psfm.org)

## LIST OTHER RELATED AFFILIATIONS

ORGANIZATION	MEMBER SINCE
ORGANIZATION	MEMBER SINCE

CHECK ALL OTHER ASSOCIATED GROUPS THAT YOU ARE A MEMBER OF:

INCR Group   
  ACTAR   
  CATAIR   
  MdATAI   
  NATARI   
  SATAI   
  TAARS  
 CDR Group   
  ASSE   
  IAARS   
  MwATAI   
  NJAAR   
  SOAR   
  WATAI  
 EDR Group   
  CA<sup>2</sup>RS   
  IATAI   
  NAPARS   
  NYSTARS   
  OTHER: \_\_\_\_\_

## REFERENCES

TITLE	NAME	ADDRESS	PHONE
TITLE	NAME	ADDRESS	PHONE
TITLE	NAME	ADDRESS	PHONE

## CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I hereby certify that the information in this application is correct. The information provided is to be used to determine the conditions of membership to be extended. I understand that the other sources of information may be considered in making the determination. Further, I hereby authorize my employer and trade references listed here to release information necessary to verify the stated information.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

<b>PSFM USE ONLY</b>	AMOUNT INCLUDED <input type="text"/>	DATE RECEIVED <input type="text"/>
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