



# ACFP

ASSOCIATION OF CERTIFIED FORENSIC PRACTITIONERS
**Forensic Specialist & Expert Witness Accrediation Board**

## MEMBERSHIP APPLICATION FORM

### PERSONAL

Prof.  Dr.  Adv  Mr.  Ms.  Other: \_\_\_\_\_

Initials: \_\_\_\_\_ Preferred \_\_\_\_\_

Full names \_\_\_\_\_

Surname: \_\_\_\_\_

Identity Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Language:  English  Other- \_\_\_\_\_

Home Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_

Home Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Cellular Telephone Number: \_\_\_\_\_

### PREFERRED MAILING ADDRESS:

E-mail:  Home \_\_\_\_\_  Business \_\_\_\_\_

### QUALIFICATIONS & EXPERIENCE:

Are you practising Forensics ?  Yes  No

Years of experience: \_\_\_\_\_

Do you belong to any other Professional Associations? \_\_\_\_\_

Highest Educational Qualification:

\_\_\_\_\_

E.g. MBA/ BAcc/ 2 A' Levels

Current Studies: \_\_\_\_\_

## APPLICANT'S SIGNATURE

I declare that:

1. All information contained on this application is true and correct.
2. If accepted, I agree to abide by the Code of Ethics adopted by the ACFP to govern its members.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FEES

Associate Membership            USD 150

Student Membership            USD 50

*Please note: These subscription fees are inclusive of International Association fees. All fees and dues are VAT inclusive and non-refundable. Rates subject to change.*

## FOR OFFICIAL USE ONLY

Receipt Number: \_\_\_\_\_

Cash             Electronic Transfer.

Date Received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Membership Class: MEMBER

Registration Number: \_\_\_\_\_

Signature: \_\_\_\_\_

## BANKING DETAILS

Bank: Steward Bank

Name: Association of Certified Forensic Practitioners

Branch: Eastgate

Account No. 1010530648    Nostro Account: 1033341772

**FOR ACFP OFFICE:** APPROVED BY MANAGER OF MEMBERSHIP SERVICES

Date \_\_\_\_\_