

NATIONAL ASSOCIATION OF FORENSIC LABORATORY COUNSEL

Membership Application

Your Name	Name of Forensic Laboratory:
Your Official Title:	Name of Parent Agency (if applicable):
Preferred Mailing Address:	Laboratory Mailing Address:
Preferred Telephone Number:	Business Telephone Number:
E-mail Address:	Closed/Pending Disciplinary Proceedings? (If Yes, please provide details using additional pages) YES / NO
State Bar Licenses Held (State/Years):	Have you been a NAFLC member before? If so, please provide dates of membership and reason for leaving organization.
List any committee preference(s):	

Professional Training (Use additional pages, if needed):

College, University, Other	Dates Attended	Degree Conferred	Year

Previous Legal or Relevant Work Experience (Use additional pages, if needed):

Employer/Address	Dates	Position

Membership in Professional Organizations (Use additional pages, if needed):

Organization	Dates	Offices Held

MEMBERSHIP FEE:

The application fee for Membership is \$50.00. This amount will cover membership dues for the current year if the applicant is voted into membership. Payments should be made by check payable to the “National Association of Forensic Laboratory Counsel” or “NAFLC.” The Federal EIN is 86-1601991.

Please sign the application and return with the \$50.00 application fee to:

NAFLC
11911 Taplow Road
Midlothian, Virginia 23112

Dues may also be paid via the Association website: <https://www.naflc.org/membership>. Please be certain to submit your membership application simultaneously.

CERTIFICATIONS AND ACKNOWLEDGMENTS:

I hereby certify that:

- All information provided above is true and accurate;
- I am a licensed attorney in good standing with my state bar association; and
- My current job duties include advising a public forensic laboratory that primarily provides forensic services to government or law enforcement agencies, whether in a full-time or part-time capacity.

If granted membership to NAFLC, I agree that I will:

- Work for the objectives and support the Bylaws of the NAFLC;
- Keep confidential information obtained through my membership and participation in NAFLC and I will not share any information that I obtain in a manner that is detrimental to NAFLC or the agencies that are served by the members or is without the express consent of the members involved in the disclosure; and
- Report to the Vice President of NAFLC any change in my position or employment within 30 days of that change.

I acknowledge that I may be expelled from NAFLC for any of the reasons enumerated in the Bylaws with proper notice and a vote of three-fourths (3/4) the members of the Association.

Applicant’s Signature: _____ Date: _____