

Association of Firearm and Tool Mark Examiners



Dear Applicant,

Thank you for your interest in becoming or remaining an Associate Member in our Association. AFTE is composed of forensic laboratory examiners, employees in related industries and private consultants in the firearm and tool mark identification field. Membership in AFTE provides for communication and international exchange of information and ideas. The AFTE Journal is the only known publication devoted entirely to our field and is a very important resource for the members of our association. The online Forums are a rich source of information. The annual training seminar provides a formalized instructional program which includes technical presentations and such curriculum as armorer's courses and special topics seminars. All members/participants are invited to contribute to this program.

According to our bylaws, practicing firearm technicians who are employed to support the Firearm/Toolmark unit of a Forensic Laboratory may be accepted as Associate Members, provided that they actively engage in one or a combination of the following activities: examining firearms and related materials, test firing firearms, performing database entries and/or database correlations/searches, serial number restoration, write reports of examinations and are subject to testimony for work performed.

If accepted as an Associate Member, you will have the above rights for five years. At the end of that time, you will have to apply once again if you wish to continue as an AFTE Associate Member. If you do not re-apply within five years after your membership date, your membership will be terminated. There is no application fee for renewal.

- Complete and return the application form; all questions must be answered. Use additional pages as necessary.
- Include a copy of your current C.V. or Statement of Qualifications and two recommendations from Regular (or Distinguished) AFTE members using the Applicant Recommendation Form. One is included in this packet and *can also be found on the AFTE website* (www.afte.org) as a downloadable file.
- In the event that you are unable to obtain letters of recommendation from two Regular Members, you must include a letter of explanation indicating the reason(s) the recommendations are not available to you. In the absence of two Regular Members, the Board of Admissions may consider recommendations from Provisional Members and/or the applicant's laboratory supervisor/management.
- Payment of **\$135.00** is required. This may be in the form of check/money order payable to AFTE, or by credit card/PayPal using *the link in the AFTE website "Store"* (<https://afte.org/store/category/dues>) under *Associate Member Application Fee*. (\$35 of this amount is a non-refundable application fee. Please note on your application if you used Pay Pal for payment. Upon acceptance the remaining \$100.00 will be applied toward Membership dues. If for any reason the applicant is not granted membership, the \$100.00 will be refunded.)

Send the completed application package to the Membership Secretary at the email or address below. Upon receipt by the Membership Secretary, the application is recorded and retained for review by the Board of Admissions. Time for processing may be up to six months. If for some reason your application is denied, our President will notify you in writing of the Board's decision.

Your interest in AFTE is appreciated. If I may be of further assistance, please feel free to contact me:


Jessica Winn, Membership Secretary
CA DOJ BFS Fresno Regional Lab
5311 N. Woodrow Ave.
Fresno, CA 93740
Phone: 559-862-2634
Email jessica.winn@doj.ca.gov

ASSOCIATION OF FIREARM AND TOOL MARK EXAMINERS

APPLICATION FOR ASSOCIATE MEMBERSHIP

Please Check One:

New
 Renewal

TYPE OR PRINT – DO NOT ABBREVIATE – USE ADDITIONAL PAGES AS NECESSARY – COMPLETE ALL QUESTIONS – ATTACH CV OR STATEMENT OF QUALIFICATIONS -- ENCLOSE PAYPAL RECEIPT OR CHECK/MONEY ORDER PAYABLE TO AFTE			
LAST NAME – FIRST NAME – MIDDLE INITIAL			
NAME OF EMPLOYER	TITLE OR DESIGNATION		
BUSINESS ADDRESS			
CITY, STATE, ZIP CODE	COUNTRY		
AREA CODE AND PHONE NUMBER	PRIMARY E-MAIL ADDRESS		SECONDARY EMAIL ADDRESS
HOME ADDRESS (OPTIONAL)	CITY, STATE, ZIP CODE		AREA CODE AND PHONE NUMBER
NAME AND TITLE OF IMMEDIATE SUPERVISOR	AREA CODE AND PHONE NUMBER		
INDICATE SPECIFICALLY YOUR DUTIES THAT DIRECTLY SUPPORT THE OPERATION OF A FORENSIC LABORATORY'S FIREARM AND/OR TOOLMARK UNIT			
LIST RELATIVE TRAINING, SEMINARS OR CONFERENCES (INCLUDE DATES AND USE ADDITIONAL SHEETS AS NEEDED)			
EXACT WORDING AND SPELLING OF YOUR NAME AS YOU PREFER IT TO APPEAR ON THE MEMBERSHIP CERTIFICATE			
<p style="text-align: center;">I hereby apply for membership in the ASSOCIATION OF FIREARM AND TOOL MARK EXAMINERS. I agree to abide by the Constitution and Bylaws of the Association. I agree to conform to the Association's Code of Ethics. I agree to support the purpose of AFTE, which is to advance and improve the knowledge and techniques pertaining to the examination of firearms and toolmarks. As a member of AFTE, I pledge to establish and maintain standards, to sponsor and support research and to collect and disseminate information relative to firearms and toolmark examinations.</p>			
_____ SIGNATURE		_____ DATE	

AFTE ASSOCIATE MEMBER APPLICANT RECOMMENDATION

Name of Applicant: _____

Date: _____

1. How long have you known the applicant?	_____ Years _____ Months <input type="checkbox"/> Don't know applicant personally
2. Do/Did you work with the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2A. If so, how long have / did you work with the applicant?	_____ Years _____ Months
3. Have you personally reviewed the applicant's work product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3A. If yes, approximately how many times?	_____
3B. When was the last time?	_____
4. Which of these duties does the applicant perform in the crime lab?	<input type="checkbox"/> Test firing <input type="checkbox"/> Individual characteristic database entries <input type="checkbox"/> Individual characteristic database correlations <input type="checkbox"/> Serial number restoration
	<input type="checkbox"/> Issuing reports <input type="checkbox"/> Testifying in court <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
	<input type="checkbox"/> Don't know
5. Do you feel this applicant is of good moral and ethical character?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you recommend this applicant for Associate Membership in AFTE without reservation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional comments:	

REQUIRED INFORMATION from person providing this recommendation

Printed Name: _____

Signature: _____

Address: _____

Phone Number: _____

AFTE Member Number: _____

Your AFTE Status Provisional Distinguished

Regular Emeritus Technical Advisor Non-member

Association of Firearm and Tool Mark Examiners



ASSOCIATE MEMBER REQUEST CHECK-LIST

- Did you review the AFTE Bylaws to determine your eligibility?
- Did you make a check payable to **AFTE for \$135**? Dues may also be paid using Pay Pal using the link from the AFTE website/online payments/Associate Member Application Fee. (\$35 of this amount is a non-refundable application fee. Please note on your application if you used Pay Pal for payment. Upon acceptance the remaining \$100 will be applied toward Membership dues. If for any reason the applicant is not granted membership, the \$100 will be refunded.)
- Is your application **completely** filled out, **signed and dated** ?
- Do you have two recommendations *? In accordance to the AFTE Bylaws Article III, Section 2 (G)(1)(d):

(d) submit Associate Member Recommendation Forms from two (2) Regular Members of the Association. In the event the applicant for membership is unable to obtain letters of recommendation from two (2) Regular Members, a letter of explanation shall be attached to the application indicating the reason(s) the recommendations are not available to the applicant. In the absence of two (2) Regular Members who are knowledgeable enough to comment on the merits of the applicant, the Board of Admissions may consider recommendations from Provisional Members and/or the applicant's laboratory supervisor/management.

***You may have Provisional AFTE members, Lab Managers, or Attorneys write letters of recommendation or complete the Applicant Assessment; however, you must include a letter of explanation indicating why individuals other than Regular AFTE members were chosen to recommend you.**

- Have you attached, without using staples, a 2 inch x 3 inch photograph? (Please no larger)
- Have you included your current Curriculum Vitae, Statement of Qualifications, or Resume?

Please do not staple completed application packet

If all the above requirements have been completed then your application should be ready to mail to the following address:

Jessica Winn (Membership Secretary)
CA DOJ BFS Fresno Regional Lab
5311 N. Woodrow Ave.
Fresno, CA 93740

Or email to: jessica.winn@doj.ca.gov