

Association of
Firearm and Tool Mark Examiners



Dear Applicant,

Thank you for your interest in becoming or remaining as a Technical Advisor (TA) for 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 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, "Designated employees of manufacturers of products used or encountered in the investigation of firearm or tool mark evidence, or specialists in closely related fields, whose area of expertise would be beneficial to the Association may apply for membership as a Technical Advisor, provided they fully and thoroughly complete the application form." As a Technical advisor, you may attend all meetings and you may subscribe to the Journal at a reduced rate, but you will have no other membership rights and you will not have to pay dues.

If accepted as a Technical Advisor, 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 Technical Advisor. If you do not re-apply five years after your membership date, your status as AFTE Technical Advisor will be terminated.

If you are applying for renewal of your membership, you will be asked how many times you have helped AFTE members and who you have helped. There is no application fee for renewal.

INSTRUCTIONS:

1. Complete and return the application form, all questions must be answered. Use additional pages as necessary.
2. A copy of your current C.V. or resume and the letter of recommendation from the AFTE member sponsoring you should be included with the completed application form.
3. Be sure to sign and date your completed application without using staples, to the application. Enclose the \$35.00 application fee or pay on-line at afte.org/store. If you are re-applying for TA membership, there is no application fee.
4. If you would like a subscription to the AFTE Journal, please enclose a check, payable to AFTE for \$40.00.
5. Send the completed application package to the Membership Secretary at the address below.

Upon receipt by the Membership Secretary, the application is recorded and forwarded to the Board of Admissions for review. Time for processing may be up to a six months. You will be notified of the Board's decision, and if accepted, will be offered the opportunity to obtain the AFTE JOURNAL at the reduced rate of \$40.00, as described above.

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


Sincerely,

Jessica Winn, Membership Secretary
CA DOJ BFS Fresno Regional Lab
5311 N. Woodrow Ave.
Fresno, CA 93740
email: jessica.winn@doj.ca.gov

ASSOCIATION OF FIREARM AND TOOL MARK EXAMINERS

APPLICATION FOR TECHNICAL ADVISOR MEMBERSHIP

Please Check One:
 New **Renewal**

TYPE OR PRINT – DO NOT ABBREVIATE – USE ADDITIONAL PAGES AS NECESSARY – COMPLETE ALL QUESTIONS – IF NEW, ENCLOSE CHECK/MONEY ORDER PAYABLE TO AFTE OR OTHER PROOF OF PAYMENT			
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	
PLACE OF BIRTH (OPTIONAL)	CITIZENSHIP	DATE OF BIRTH	
NAME AND TITLE OF IMMEDIATE SUPERVISOR (IF ANY)		AREA CODE AND PHONE NUMBER	
IN WHAT SPECIALTY AREA(S) CAN YOU PROVIDE ASSISTANCE TO AFTE MEMBERS?			
HAVE YOU ASSISTED AFTE MEMBERS IN THE PAST? IF RENEWING, PROVIDE THE NAMES OF AFTE MEMBERS ASSISTED			
EXACT WORDING AND SPELLING OF YOUR NAME AS YOU PREFER IT TO APPEAR ON THE MEMBERSHIP CERTIFICATE			

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.

SIGNATURE

DATE