



MEMBERSHIP APPLICATION

(PLEASE PRINT OR TYPE)

NAME _____
Last First Middle Title

ADDRESS _____
Street City State Zip+4

TELEPHONE _____
Work Number (Include Area Code) Other (Include Area Code) Fax (Include Area Code)

E-MAIL _____

EMPLOYER _____

EMPLOYER ADDRESS _____
(If different from above) Street City State Zip Code+4

POSITION _____ LENGTH OF EMPLOYMENT _____

Please include a current curriculum vitae with your application

APPLICANT'S SIGNATURE _____ DATE _____

RECOMMENDATION BY CURRENT REGULAR (NOT ASSOCIATE) MEMBER ONLY
I VERIFY THAT THE ABOVE AND/OR ATTACHED INFORMATION IS CURRENT AND CORRECT. I RECOMMEND THIS APPLICANT FOR MEMBERSHIP TO THE INTERNATIONAL ASSOCIATION FOR CHEMICAL TESTING

SIGNATURE _____ DATE _____

REGULAR MEMBER'S NAME _____ TELEPHONE _____
(Please print)

Send completed application and enclose \$65.00 in the form of a check or money order payable to IACT, \$15 of which is a non-refundable processing fee. The remaining \$50.00 will be your first year's annual membership fee, contingent upon membership approval at an IACT annual meeting.

Mail completed application to:

Jennie Duffy (IACT Secretary)
Virginia Department of Forensic Science
700 North 5th Street
Richmond, VA 23219