



CALIFORNIA ASSOCIATION OF CRIME LABORATORY DIRECTORS

“Advancing Forensic Science Through Effective Management”

APPLICATION FOR MEMBERSHIP

NAME OF APPLICANT:	
TITLE:	
ORGANIZATION:	
MAILING ADDRESS:	
CITY, STATE, ZIP CODE:	
TELEPHONE:	
EMAIL:	

SELECT ONE:

___ Application for Regular Membership (Bylaws: Article IV, Section 1)

___ Application for Affiliate Membership (Bylaws: Article IV, Section 2)

BYLAWS AVAILABLE ONLINE: [Bylaws | CACLD - California Association of Crime Laboratory Directors](#)

RECOMMENDED FOR MEMBERSHIP BY TWO REGULAR MEMBERS OF CACLD	
NAME:	SIGNATURE:
NAME:	SIGNATURE:

I _____ (print name) certify that the above information is true to the best of my knowledge.

Signature of Applicant

Date

Please scan and email this application to secretary@caclد.net. Membership application fees (\$25) can be paid by check, mailed to the CACLD Treasurer, or online under “JOIN CACLD” at caclد.net. Contact information for the Treasurer is available at caclد.net/contact.

FOR CACLD USE ONLY

Approved for Membership on: _____