



CALIFORNIA ASSOCIATION OF CRIME LABORATORY DIRECTORS

“Advancing Forensic Science Through Effective Management”

APPLICATION FOR MEMBERSHIP

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

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

Name of Applicant _____

Title _____

Organization _____

Mailing Address _____

Telephone _____

E-mail _____

Recommended for membership by two CACLD regular members:

Print Name _____ Signature _____

Print Name _____ Signature _____

The above information is true to the best of my knowledge.

Date

Signature of the Applicant

Print Name

Please include a check for the \$90.00 application fee, payable to “CACLD” and send this application to: Current CACLD President-Elect. See CACLD web site for name and mailing information.

For CACLD Use Only

Approved for membership on: _____