



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 send this application to the current CACLD Secretary. See CACLD web site for name and mailing information. Membership application fees can be paid by check, mailed with this application, or online under “JOIN CACLD” at [caclد.net](http://caclد.net).**

For CACLD Use Only

Approved for membership on: \_\_\_\_\_