

International Veterinary Forensic Sciences Association

Application for Membership

Applications are acted upon at the annual meeting in May of each year. To be considered at that time, the application must be received and completed by **April 1** (including letters of reference and any additional requirements). If the application is approved, a check for the appropriate membership fees will be requested. Applications must be submitted by mail; faxed applications will not be accepted. The most current information must be included on this form and each section must be addressed. All application material must be in English. Please attach a summary of your professional background, resume, or curriculum vitae. **DO NOT** write "See resume or curriculum vitae," as your application will be returned for completion.

Mail To: IVFSA
4800 SW 35th Drive
Gainesville, FL 32608

www.IVFSA.org
(352) 265-9900 X72047

1. PUBLISHED LISTING (directory and website)

Given/ First Name _____ M.I. _____

Surname/ Last Name _____

Address _____

City _____

State/Province _____ Postal Code _____

Country _____

Telephone _____

Fax _____

Email Address _____

2. PREFERRED MAILING ADDRESS

Check if Preferred Mailing Address is the same as the Published Listing.

Address _____

City _____

State/Province _____

Country _____

3. PERSONAL DATA

Date of Birth _____

Gender: Male Female

How did you hear of IVFSA? _____

4. MEMBERSHIP STATUS REQUESTING

- Full
- Associate Member
- Student member

Were you previously an Applicant, Student, or Associate Member? YES NO

5. REFERENCES

Refer to the specific membership guidelines. If references are not mentioned, they are not required. It is the applicant's responsibility to distribute the reference form.

1. _____

2. _____

6. MISCELLANEOUS

Do you wish to have your name REMOVED from any mail solicitations that the IVFSA receives? YES NO

Are you multi-lingual? YES NO If yes, please specify language(s) that you are able to read and/or speak fluently:

7. CURRENT EDUCATION (Student Membership only)

Institution name and location: _____

Is institution accredited? YES NO Degree and major pursuing: _____

Date program started (month/year) _____ Date of expected completion (month/year) _____

Number of credits enrolled this semester _____ Current enrollment status: Full Part time

Classes taken via: Online/Distant learning Campus Classroom

Plans after program completion (i.e., continue education, seek employment) _____

Employment/Career Goals _____

8. CONFERRED EDUCATION (Those applying for Full Membership must complete this section)

INSTITUTION (including city & state)	DEGREE & MAJOR (i.e., BS/Chemistry, DVM)	CONFERRED (month & year)

9. TRAINING

INSTITUTION/ LOCATION/ TOPIC	DATES	CONFERRED (month & year)

10. CURRENT EMPLOYMENT

Job Title _____ Date Started _____

Full Time Part Time Percentage of time dedicated to forensic science _____

Employer _____

Address _____

City _____ State/Province _____ Postal Code _____

Country _____ Employer's Website Address _____

Description of Job Functions

11. ETHICAL CONDUCT

Have you ever been censured for unethical conduct or procedure?

Yes No (If yes, please attach explanation.)

Have you ever been convicted of a felony? Yes No If yes, please attach explanation.

12. MEMBERSHIP IN SCIENTIFIC AND PROFESSIONAL SOCIETIES (If none, so state)

13. PUBLICATIONS (List most recent first) (If none, so state)

14. AGREEMENT

- An Application is acceptable only when completed, signed, and accompanied by the recommendation letters.
- My signature below authorizes the IVFSA or any of its officers to verify the accuracy of any of the information provided in or as part of this application.
- My signature is confirmation that I agree to adhere to the Code of Ethics and Conduct of the IVFSA, whether as an applicant, member, or associate.

CODE OF ETHICS AND CONDUCT

As a means to promote the highest quality of professional conduct of its members, the following constitutes the Code of Ethics and Conduct which is endorsed and adhered to by all members and affiliates of the International Veterinary Forensic Sciences Association.

- Every Member and Associate of the IVFSA shall refrain from exercising professional or personal conduct adverse to the best interests and purposes of the Association.
- Every Member and Associate of the IVFSA shall refrain from providing any material misrepresentation of education, training, experience or area of expertise.
- Every Member and Associate of the IVFSA shall refrain from providing any material misrepresentation of data upon which an expert opinion or conclusion is based upon.
- Every Member and Associate of the IVFSA shall refrain from issuing public statements which appear to represent the position of the Association without specific authority first obtained from the Board of Directors.

SIGNATURE

DATE

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For Office Use Only

Date Application Received: _____

Date Application Reviewed: _____

Date Application Approved: _____

Comments:
