



225 W.Wacker Drive, Suite 650, Chicago, IL 60606
Phone 312.265.2907 Fax 312.265.2908 www.forensic.org info@forensic.org

MEMBERSHIP APPLICATION

APPLICATION PROCEDURE AND CHECKLIST

Please note that completing the application and paying the application fee does not guarantee membership. The review process usually will be completed within 30 days of receiving your application. We appreciate your patience as we review your application.

- Complete the Membership Application Form
Attach your Resume/CV
Submit a \$50 non-refundable one-time Application Processing Fee\*
Submit your Annual Membership Dues\* based on the membership classifications detailed below.
Please Note: if your application is not accepted, your Annual Membership Dues will be refunded
Send the Membership Application Form, resume/CV, and payment to the mailing address, email, or fax above.

\* Enclose a check payable to FEWA or submit your credit card information below

APPLICANT INFORMATION

First Name MI Last Name

Certifications

Company Name Area of Specialty

Address

Email Website

Business Phone Additional Phone Fax

Credit Card No. Exp. Date Billing Zip

MEMBERSHIP CLASSIFICATIONS

- Professional Member \$425 Annual membership fee
Professional Consulting Member \$425 Annual membership fee
Associate Member \$325 Annual membership fee
Affiliate Member \$480 Annual membership fee

CHAPTER AFFILIATION PREFERRED

- Arizona Chicago Dallas Florida Houston
Northern California Los Angeles Orange County San Diego



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Referred By (If applicable): \_\_\_\_\_

**CONVICTIONS, SANCTIONS, REVOCATIONS**

Have you ever been convicted of a felony, sanctioned by a court of law, or had a license, permit, certification or professional accreditation revoked?  No  Yes, please attach an explanation.

**REFERENCES**

*Completed by Professional Membership and Associate Membership Applicants. References will be contacted.*

- *Professional Membership: Provide three (3) attorney references who have employed you as a forensic consultant and have provided testimonies and/or depositions.*
- *Associate Membership: Provide three (3) attorney and/or professional references.*

Name	Email	Telephone	Mailing Address (Street, City, State, ZIP)

**QUALIFICATIONS**

*Completed by Professional Membership Applicants.*

Date	Court Case No.	Case Title	Attorney (Name, Address, Telephone, Email)

**AFFIRMATION**

- I certify that the information contained herein is true, complete and accurate to the best of my knowledge and belief. My signature authorizes the Forensic Expert Witness Association, or its representatives, to verify any and all information provided in connection with this application and the attached resume or CV.
- I hereby hold that the Forensic Expert Witness Association and its Board of Directors, representatives, all individuals, ins titutions, etc. harmless in connection with the verification of any or all information contained herein.
- If my membership in FEWA is accepted, I agreed to abide by FEWA’s Code of Ethics (available at www.forensic.org).

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Name (*Print or type*) Signature Date