



APPLICATION FOR MEMBERSHIP

Criteria for Membership:

1. Applicant must be actively engaged in forensic anthropology casework and be employed by or consulting for a Medical Examiner, Coroner's Office or related governmental agency at the time of application.
2. Applicant must demonstrate their ongoing contribution to the field of forensic anthropology through case analysis, academic research and/or governmental policy making.
3. Applicant must have obtained a MA/MS or PhD in Anthropology (or related field) with a focus on physical anthropology and graduate training in forensic anthropological casework (*Related degrees will be considered on a case by case basis*).
4. Applicant must have active membership (Associate Member, Member or Fellow) in the American Academy of Forensic Sciences (AAFS) Physical Anthropology Section.
5. Applicant must be sponsored by a current SOFA member.

APPLICANT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Preferred Mailing Address: Work Home

Home Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Phone Work: _____ Mobile: _____

Email Address: _____

Employer: _____

Work Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Work Title: _____

Start date for current position: _____

List Any Agencies You Consult for in Addition to Your Employer:

Choose Death Investigation System in which you work:

Medical Examiner Coroner System Mixed ME/C Other

If Other, please specify: _____

Please describe your job responsibilities as they relate to anthropology:

Please describe any additional responsibilities:

Is the lab in which you work, accredited? Yes No

If yes, by whom? _____

What is your AAFS Membership status (e.g. Member, Fellow, etc.)? _____

How did you hear of SOFA? _____

PERSONAL INFORMATION

Date of Birth: _____

Sex: Male Female

SOFA SPONSOR

Name: _____ Email: _____

EDUCATION

Undergraduate

Institution attended: _____
 City: _____ State: _____
 Dates Attended : _____
 Advisor: _____ Major: _____
 Degree Earned: _____

Graduate

Institution attended: _____
 City: _____ State: _____
 Dates Attended: _____
 Advisor: _____ Major: _____
 Degree Earned: _____

Institution attended: _____
 City: _____ State: _____
 Dates Attended: _____
 Advisor: _____ Major: _____
 Degree Earned: _____

LIST ANY ADDITIONAL TRAINING/QUALIFICATIONS OR OTHER PERTINENT INFORMATION THAT WOULD ASSIST IN THE PROCESSING OF YOUR APPLICATION:

BY SIGNING THIS FORM I ATTEST THAT ALL INFORMATION PROVIDED IS ACCURATE, THAT I AGREE TO FOLLOW THE SOFA CODE OF ETHICS AND, IF ACCEPTED, I AGREE TO REMIT THE YEARLY DUES.

SIGNATURE: _____ DATE: _____

A COPY OF YOUR CURRICULUM VITAE (CV) OR RESUME MUST BE INCLUDED WITH THIS APPLICATION.

The application, CV/Resume, signed ethics statement, a brief letter confirming consultation status or any questions should be forwarded by email to:

Secretary@sofainc.org

****ONCE YOUR MEMBERSHIP IS APPROVED, YOU WILL BE CONTACTED FOR PAYMENT OF THE \$50 ANNUAL MEMBERSHIP DUES****