



## 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? \_\_\_\_\_

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:

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**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 and employment verification letter should be forwarded to:

Chelsey Juarez, SOFA Secretary  
secretary.sofainc@gmail.com

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