



OFFICE OF THE MEMBERSHIP COMMITTEE
AFQAM MEMBERSHIP RECOMMENDATION FORM

APPLICANT:

AGENCY:

What is your relationship with the applicant?

How long have you known the applicant?

Would you classify the applicant as professionally competent and of good character?

If known, briefly describe the applicant's duties:

AFQAM membership shall be open to individuals of professional competence, integrity and good moral character:

- *Who are actively engaged in the field of forensic quality assurance management*
or
- *Who perform system or laboratory wide quality assurance duties on a regular basis*
or
- *Who are advancing the profession of forensic quality assurance management in a significant manner.*

Do you, without qualification, recommend the applicant for membership in AFQAM based on the above requirements?

If no, please state your reservations:

Please use the back of this form for any additional comments you wish to make regarding the applicant:

Your name (print):

Signature:

Telephone:

E-mail:

Date:

(Recommendations for membership in AFQAM can be made only by current members of AFQAM.)