



IABPA Membership
P.O. Box 9930
Hamilton, NJ 08650
USA

APPLICATION FOR MEMBERSHIP

Check one:

Associate Member

Provisional or FULL Member

- Encourage and promote the science of Bloodstain Pattern Analysis,
- Standardize the scientific method and techniques of Bloodstain Pattern Analysis,
- Promote and encourage education and research in the forensic discipline of Bloodstain Pattern Analysis and,
- Inform the membership of the latest techniques, discoveries and developments in Bloodstain Pattern Analysis.

MEMBERSHIP REQUIREMENTS:

ASSOCIATE MEMBERSHIP

- An Associate Member need not have completed an approved basic bloodstain pattern analysis course

PROVISIONAL MEMBERSHIP

1. Successful completion of a 40-hour basic course in Bloodstain Pattern Analysis which fulfils the minimum guidelines and criteria as established by the IABPA Education Committee (*available at www.iabpa.org*).
2. Sponsorship by a Full Member of the IABPA who is in good standing with the Association

FULL MEMBERSHIP

1. Has been a Provisional Member for at least one year.
2. Has submitted a "Request for Promotion" form to the Membership Committee Chair at least sixty (60) days prior to the Business Meeting at which the membership can vote to accept the applicant.
3. Has passed a recommendation for acceptance of his or her application.

APPLICATION INSTRUCTIONS

1. *Submit online payment for the Application Fee of \$40.00USD and save a copy of the receipt for your records. Payment can be made here: www.iabpa.org*
2. *Complete this form with all relevant information appropriate for the level of membership for which application is being made.*
3. *For **Provisional Membership**, please ensure that your application is endorsed by a **Full Member** sponsor and submit this form with a copy of your BPA course attendance certificate. Endorsement may be made electronically.*
4. *Save the completed form and forward a copy to: membership@iabpa.org*
5. *If paying by mail, Complete the online payment process by selecting "Pay by mail", then print the completed Application and mail to the address indicated above.*

Upon receipt of your application, a Member ID number will be issued and your application will be verified by the Membership Committee. Following the application review process, your membership will be voted on by the membership at the next Business Meeting – after which you will be notified of your membership status.



Acknowledgements

Application for, or renewal of, IABPA Membership may be rejected or denied at the sole discretion of the Association without a reason give. Such a denial is not subject to appeal.

I hereby make application for IABPA Membership and, if accepted, I pledge to promote the highest standards of the science of Bloodstain Pattern Analysis and maintain professionalism within the discipline by:

- Rendering technically correct statements in all written and oral reports, testimony, public address and publications, and;
- Maintain objectivity and act in an impartial manner during all investigations and examinations, and;
- Continue my education by attending educational/training programs related to the science

 APPLICANT NAME (Print or Type)

 APPLICANT Signature

 DATE

IABPA MEMBERSHIP SPONSOR ENDORSEMENT	
<i>I am a FULL Member of the IABPA in good standing and I do hereby recommend the applicant for consideration for IABPA Membership.</i>	
SPONSOR Name (Print or Type)	Member ID No.
SPONSOR Signature	Date

Forward this completed Application with all supporting documentation to: membership@iabpa.org

Fees may be paid online at www.iabpa.org

To Mail application fee, complete the online payment process by selecting “Pay by mail”, then print and mail completed application with all supporting documents with **\$40 Check** or agency **Purchase Order** to:

**IABPA - Membership
 P.O. Box 9930
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 USA**

<i>Admin Use:</i>		