MEMBER No.	
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International Association of Bloodstain Pattern Analysts

Request For Promotion Application

Name: (Last)			(Initials)	
Agency/Company:				
Agency Address:				
City	County	State/Province	ZIP/Postal Code	
Home Address:				
City	County	State/Province	ZIP/Postal Code	
Business Phone: ()	<u>-</u>			
International Time Zone				
Length of Time as IABPA	Provisional Member: Ye	ears: Months:		
Length of Time in Bloods	tain Pattern Interpretation	Casework and/or Resear	rch:	
	Years:	Months:		
Bloodstain pattern interpre promotion – for general in				
Briefly describe your back crime scenes you have exa and any instructing experi- pattern interpretation train	nmined, the number of time ence. Provide only the exp	nes that you have testified perience that applies to b	l as an expert	
Training Received:				
Crime Scene Experience:				

Courtroom Testimo	ony: Yes No	Date:	
Court/Jurisdiction:	City or County	State	
Other Relavent Exp	perience:		
Teaching Experience	ce:		
Professional Refere	ences (list two):		
Name/Mailing Add		E-Mail address	
		Phone:	
Name/Mailing Add	ress	E-Mail address	
		Phone:	
Signature		Date	

THIS FORM MUST BE SUBMITTED 60 DAYS PRIOR TO THE ANNUAL CONFERENCE

Send this request to: membership@iabpa.org

or mail to:

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