

## ASTEER Membership Application

To apply, please submit the following to the Membership Committee:

- This completed form, which will be verified. ASTEE member endorsements can be submitted by signing below or emailing the Membership Committee with their endorsement.
- A copy of your Curriculum Vitae/resume and any supporting documentation.
- Payment of \$30 via Paypal (directions are on the ASTEE website Membership Page), or in the form of check or money order (payable to ASTEE). This fee includes the current year's dues plus the application fee. If your application is received after September 30th, your payment will count towards dues for the following calendar year.

ASTEER Membership Committee  
 Stephanie Freiwald, Texas Department of Public Safety,  
 Austin Crime Laboratory, 5800 Guadalupe St, Austin, TX 78752  
 Stephanie.Freiwald@dps.texas.gov

<b>Name:</b>	<b>Title:</b>			
<b>Agency/Academic Institution:</b>				
<b>Member type for which you are applying:</b>	<input type="checkbox"/> Student	<input type="checkbox"/> Associate	<input type="checkbox"/> Regular	<input type="checkbox"/> Emeritus
<b>Preferred Mailing Address:</b>	<input type="checkbox"/> Home	<input type="checkbox"/> Business		
<b>Email:</b>	<b>Phone:</b>	<b>Ext.</b>		
<b>Education and Experience:</b> (attached Curriculum Vitae/resume and list of applicable forensic course work)				
<b>Please select any disciplines in which you actively conduct analysis/examinations.</b>				
<input type="checkbox"/> Administration	<input type="checkbox"/> General Unknowns	<input type="checkbox"/> Ink		
<input type="checkbox"/> Explosives	<input type="checkbox"/> Glass	<input type="checkbox"/> Paints & Polymers		
<input type="checkbox"/> Fibers	<input type="checkbox"/> Gunshot Residue	<input type="checkbox"/> Physical Matches		
<input type="checkbox"/> Fire Debris	<input type="checkbox"/> Hairs	<input type="checkbox"/> Research		
<input type="checkbox"/> Forensic Education	<input type="checkbox"/> Impression Evidence	<input type="checkbox"/> Soil		

**My signature acknowledges that all information on this form is accurate to the best of my knowledge.**

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

### ENDORSEMENT FOR MEMBERSHIP:

ASTEE Member #1 Signature:  Printed Name:  Daytime phone:	ASTEE Member #2 Signature:  Printed Name:  Daytime phone:
--	--

Applications submitted after August 31<sup>st</sup> may not be processed prior to annual elections.