



MIDWESTERN ASSOCIATION OF FORENSIC SCIENTISTS, INC.
 "A PROFESSIONAL, SCIENTIFIC AND EDUCATIONAL ORGANIZATION"

SPONSOR REFERRAL FORM

APPLICANT'S NAME _____					
APPLICANT'S MAILING ADDRESS _____ _____ _____					
PLEASE STATE APPLICANT'S PRIMARY WORK DUTIES _____ _____					
HOW LONG HAVE YOU KNOWN THE APPLICANT? _____					
HAVE YOU EVER BEEN HIS/HER COWORKER? _____					
HAVE YOU EVER BEEN HIS/HER SUPERVISOR? _____					
CAN YOU VERIFY THE INFORMATION ON HIS/HER APPLICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO. PLEASE EXPLAIN _____ _____					
DESCRIBE THE SPECIFIC TRAINING THE APPLICANT HAS RECEIVED TO QUALIFY HIM/HER FOR FORENSIC WORK? _____ _____					
DO YOU RECOMMEND, WITHOUT QUALIFICATION, THAT THIS APPLICANT BE GRANTED MEMBERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO. PLEASE EXPLAIN _____ _____ _____					
SPONSOR'S COMMENTS _____ _____ _____					
SPONSOR INFORMATION (PLEASE INDICATE TO WHAT SECTION(S) YOU BELONG) 1= PRIMARY (>50% OF YOUR JOB DUTIES) 2= SECONDARY					
<input type="checkbox"/> Biology	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Documents	<input type="checkbox"/> Firearms	<input type="checkbox"/> Latents	<input type="checkbox"/> Crime Scene
<input type="checkbox"/> Management	<input type="checkbox"/> Photography	<input type="checkbox"/> Toxicology	<input type="checkbox"/> Trace	<input type="checkbox"/> General	
SPONSOR'S NAME (PLEASE PRINT) _____					
ADDRESS _____ _____					
TELEPHONE _____			EMAIL _____		
SIGNATURE _____			DATE _____		
Note: Must be a Regular or Emeritus MAFS Member to sponsor an applicant.					