



MIDWESTERN ASSOCIATION OF FORENSIC SCIENTISTS, INC.

"A PROFESSIONAL, SCIENTIFIC AND EDUCATIONAL ORGANIZATION"

Sponsor Referral Form

Must be a Regular or Emeritus MAFS Member to sponsor an applicant.

Applicant's Name:

Mailing Address:

Please State Applicant's Primary Work Duties:

Describe The Specific Training The Applicant Has Received To Qualify Him/Her For Forensic Work?

How Long Have You Known The Applicant?

Have You Ever Been His/Her Coworker? Yes No

Have You Ever Been His/Her Supervisor? Yes No

Can You Verify The Information on His/Her Application?

Yes No. Please Explain In The Comments

Do You Recommend, Without Qualification, That This Applicant Be Granted Membership?

Yes No. Please Explain In The Comments

Additional Comments:

Sponsor's Information

Sponsor's Name:

Mailing Address:

MAFS Sponsor
Regular Member
Emeritus Member

Telephone: _____ **Email:** _____

Please indicate to what section(s) you belong: 1 = Primary (>50% of your Job Duties) 2 = Secondary

Biology

Crime Scene

Latent Prints

Toxicology

Chemistry

Documents

Management

Trace

Sponsor's Signature: _____ **Date:** _____