



SOCIETY OF FORENSIC TOXICOLOGISTS, INC.

MEMBERSHIP REINSTATEMENT APPLICATION FORM

Name: _____
(Last) (First / Middle) (Degree/s, Certification/s)

S.O.F.T. Membership History: Type _____ # _____ From (date) _____ to _____

Company / Agency: _____ Title: _____

Address _____

City _____ State _____ Zip _____ Phone / Fax _____

Home Address: _____

City _____ State _____ Zip _____

Phone / Fax _____ E-Mail _____

(please be case specific and print clearly)

Preferred Mailing Address: Office Home

Application for Membership Type: Full (Regular) Associate

Justification for Reinstatement Consideration: _____

Sponsors: List two **current Full S.O.F.T. members** who are well acquainted with your work in forensic toxicology. The application will not be processed until two appropriate references are received by S.O.F.T.

1) _____ 2) _____

Read below and check each box (initial the ethics statement):

I have read the S.O.F.T. Membership Information sheet.

I have attached my C.V. and any additional information to include at least:

- a) Employment (at least past 6 years)
- b) Education (undergraduate, graduate, post graduate)
- c) Publications
- d) Forensic toxicology experience (be specific)

I will forward the appropriate reference forms to the sponsors noted above and understand they must respond directly to the address below within 60 days.

I have enclosed the non-refundable application fee in the amount of \$100 (U.S. funds, check or money orders only, payable to S.O.F.T.)

I agree to conduct myself in a professional manner, in accordance with S.O.F.T. Ethics Procedures. I understand that if I behave in a manner that is detrimental to S.O.F.T. or the profession of toxicology in general, and a report of this behavior is substantiated by the S.O.F.T. Ethics Committee and confirmed by the Board, I may be censured or expelled from membership.

I hereby certify that all information is true and understand that any misrepresentation may lead to dismissal from the Society of Forensic Toxicologists, Inc.

Applicant Signature _____ Date _____

Send materials to: Membership Committee Chair c/o S.O.F.T. Administrative Offices 1 N. MacDonald, Suite 204 Mesa, AZ 85201
info@soft-tox.org Phone / Fax: 480-839-9106

Do not write here: Application date _____ Fee paid _____ Electronic file to Membership Committee _____

Approved Not Approved Letter to applicant dated _____ Membership Chair Final Date _____