



SOCIETY OF FORENSIC TOXICOLOGISTS, INC.

MEMBERSHIP RETIREMENT APPLICATION FORM

Retired Members are Full Members or Charter Members with at least 25 years' experience in forensic toxicology or 10 years of Full Member or Charter Member status in SOFT and who have reached the age of 65. Retired Members have voting privileges but do not pay dues.

Membership Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Telephone Number: _____

Current membership status: _____ Membership #: _____

Eligibility and Affidavit:

Initial beside each of the following statements to indicate agreement:

___ I am a Full or Charter Member of SOFT

___ I am at least 65 years old

___ I have at least 25 years' experience in forensic toxicology or 10 years of Full Member or Charter Member status in SOFT

In support of your application provide the following information:

1. Birth month/year _____

2. Attach a current C.V. to application

Please sign the following affidavit:

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

Applicant Signature _____ Date _____

Failure to complete any portion of the application may affect evaluation of the application. Therefore, applicants are encouraged to provide explanation if appropriate.

Comments: _____

Send completed form with C.V. to:

Secretary, SOFT, Inc. 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: _____ Completed File to Membership Chair: _____
Approved Not Approved Letter to Applicant Dated: _____ Membership Chair Final Date: _____