



International Association of Bloodstain Pattern Analysts

12139 East Makohoh Trail
Tucson Arizona 85749-8179/ USA
VOICE 520.760.6620
FAX 520.760.5590

APPLICATION FOR MEMBERSHIP

PROVISIONAL _____

ASSOCIATE _____

GOALS: The objectives of the IABPA are to:

- Encourage and promote the science of Bloodstain Pattern Interpretation,
- Standardize the scientific techniques of Bloodstain Pattern Interpretation,
- Promote education and encourage research in the discipline of Bloodstain Pattern Interpretation, and
- Inform members of the latest techniques, discoveries and developments in Bloodstain Pattern Interpretation.

REQUIREMENTS:

ASSOCIATE MEMBERSHIP:

An Associate Member need not have completed an approved basic bloodstain pattern analysis course. The following apply to an Associate Membership:

PROVISIONAL MEMBERSHIP:

1. Successful completion of a 40 hour basic course in Bloodstain Pattern Interpretation which fulfills the minimum guidelines and criteria as defined by the Education Committee (available at www.iabpa.org), and
2. Sponsorship by a Full Member of the IABPA who is in good standing with the Association.

FULL MEMBERSHIP:

1. Has been a Provisional Member for at least one year.
2. Has submitted a "Request for Promotion" form to the Membership Committee Chair at least sixty days before the Business Meeting at which the membership could vote on the applicant.
3. Has passed a recommendation for acceptance of his or her application

NAME (Last) _____ (First) _____ (MI) _____

DATE OF BIRTH _____

RANK/TITLE _____

AGENCY-ADDRESS/ZIP CODE _____

EMAIL: _____

WORK PHONE _____

HOME ADDRESS/ZIP CODE _____

HOME PHONE _____

TIME ZONE _____

MAIL PREFERENCE HOME ____ OFFICE ____

COURSE INFORMATION:

LOCATION _____

DATES _____

INSTRUCTOR _____

INSTRUCTOR CONTACT **PHONE NUMBER AND EMAIL**

COURSE LENGTH _____

ADDITIONAL **BLOODSTAIN** QUALIFICATIONS AND DEGREES/EDUCATION/HONORS

HAVE YOU TESTIFIED IN COURT AS AN EXPERT IN BLOODSTAIN PATTERN

INTERPRETATION? Yes ____ No ____

IF YES, COURT AND DATES OF TESTIMONY _____

Have you been the subject of a complaint made against you by any professional, scientific or professional society? Yes ____ No ____

IF YES, PLEASE EXPLAIN (attach explanation);

Application for, or renewal of an IABPA membership may be rejected at the sole discretion of the Association with no reason given. Such a denial is not subject to appeal.

I hereby apply for Membership in the IABPA and if accepted, I will promote the highest standards of the science of Bloodstain Pattern Interpretation and maintain professionalism within the discipline by:

- Rendering technically correct statements in all written or oral reports, testimony, public addresses and publications,
- Maintain objectivity and act in an impartial manner during all investigations, and
- Continue to attend educational/training programs related to the science.

APPLICANT SIGNATURE _____

DATE _____

EACH APPLICANT IS REQUIRED TO SUPPLY A COPY OF THEIR CERTIFICATE OF COMPLETION OF A BASIC 40 HOUR BLOODSTAIN PATTERN INTERPRETATION COURSE.

APPLICATION FEE: \$40.00 USD

IABPA SPONSOR: Please Print _____

I am a **full** IAPBA member in good standing and I recommend the above listed applicant for consideration as a member of the Association.

SPONSOR SIGNATURE _____ DATE _____

**SEND COMPLETED APPLICATION WITH A COPY OF CERTIFICATE AND FEE TO:
NORMAN REEVES
IABPA SECRETARY TREASURER-12139 E. Makohoh Tr- Tucson AZ 85749-8179 USA**