

**EUROPEAN ASSOCIATION OF FORENSIC  
SCIENCES**

Rome - Italy

Website: [www.forensicsciences.eu](http://www.forensicsciences.eu) E-mail: [secretariat@forensicsciences.eu](mailto:secretariat@forensicsciences.eu)

**MEMBERSHIP FORM**

Please fill in you information below, and return this form (via digital certified signature or mail).

**\*\*\* If active member dues are not paid by February 28, you will not be eligible to vote in the election of officers.\*\*\***

**PERSONAL DETAILS**

Surname and First Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Country and place of birth: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Home Address \_\_\_\_\_  
Postal Address \* \_\_\_\_\_  
City, State, Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_

**EMPLOYMENT, EDUCATION, TRAINING AND PROFESSIONAL SOCIETIES**

Employment / Title of position: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_  
Student in: \_\_\_\_\_  
*name of establishment / year from:* \_\_\_\_\_  
Education/Training received: \_\_\_\_\_  
*name of establishment / year:* \_\_\_\_\_  
Education/Training received: \_\_\_\_\_  
*name of establishment / year:* \_\_\_\_\_  
Researcher in: \_\_\_\_\_  
*name of establishment / university:* \_\_\_\_\_  
Assistant / Associate Professor: \_\_\_\_\_  
*name of professor:* \_\_\_\_\_  
*name of establishment / university:* \_\_\_\_\_  
Professional societies to which you belong: \_\_\_\_\_ No. \_\_\_\_\_  
*place / year:* \_\_\_\_\_

\* *For correspondance, if different from Home Address*

Surname and First Name: \_\_\_\_\_

<b>EAFS MEMBER DUES</b>		
<input type="checkbox"/> Registration fee (€ 15)	<input type="checkbox"/> Founders (€ 25)	<input type="checkbox"/> Ordinary members (€ 50)
<input type="checkbox"/> Supporting members (€ 40)	<input type="checkbox"/> Students (€ 25)	<input type="checkbox"/> Law Enforcements and Military members (€ 30)
<input type="checkbox"/> Enrolled in any affiliated institutions/associations: _____ (€ 30)		

**PAYMENT DETAILS**

Payment Total: € \_\_\_\_\_ Date of payment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ C.R.O. No./T.R.N.: \_\_\_\_\_

Your Bank: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

<b>SCIENTIFIC AREAS</b>
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You can choose to deal in more than a subarea of the same scientific area.

<b>Forensic Anthropology and Odontology:</b> <input type="checkbox"/> Forensic Bioarcheology and Human Osteolog <input type="checkbox"/> Forensic Paleopathology <input type="checkbox"/> Forensic Taphonomy	<b>Forensic Biology and Chemistry:</b> <input type="checkbox"/> Forensic Botany and Palynology <input type="checkbox"/> Forensic Entomology <input type="checkbox"/> Forensic Genetics <input type="checkbox"/> Forensic Toxicology <input type="checkbox"/> Forensic Trade Products Chemistry <input type="checkbox"/> Forensic Zoology
<input type="checkbox"/> <b>Forensic Ballistics, Firearms and Explosives Identification</b>	<input type="checkbox"/> <b>Forensic Geology</b>
<input type="checkbox"/> <b>Criminalistics</b>	<input type="checkbox"/> <b>Computer and Network Forensics</b>
<input type="checkbox"/> <b>Criminology</b>	<input type="checkbox"/> <b>Criminal Intelligence</b>
<input type="checkbox"/> <b>National, European Community and International Law</b>	<input type="checkbox"/> <b>Veterinary Forensics</b>
<input type="checkbox"/> <b>Forensic Handwriting Identification</b>	<b>Forensic and Legal Medicine:</b> <input type="checkbox"/> Forensic Obstetricians and Gynecologists <input type="checkbox"/> Forensic Pathology <input type="checkbox"/> Forensic Radiology <input type="checkbox"/> Forensic Suicidology <input type="checkbox"/> Forensic Thanatology <input type="checkbox"/> Forensic Traumatology <input type="checkbox"/> Mechanical Asphyxia
<input type="checkbox"/> <b>Forensic Engineering</b>	<input type="checkbox"/> <b>Environmental Psychology and Geographic Profiling</b>
<input type="checkbox"/> <b>Bloodstain Pattern Interpretation</b>	<input type="checkbox"/> <b>Industrial and Organizational Psychology</b>
<input type="checkbox"/> <b>Forensic Neuropsychiatry</b>	<input type="checkbox"/> <b>Forensic Psychology and Criminal Investigation</b>
<input type="checkbox"/> <b>Safety Policies</b>	<input type="checkbox"/> <b>Forensic Accounting</b>
<b>Forensic Biometrics:</b> <input type="checkbox"/> Face Recognition <input type="checkbox"/> Fingerprint Identification <input type="checkbox"/> Footprint and Shoeprint Pattern Evidence <input type="checkbox"/> Images and Video Analysis <input type="checkbox"/> Individual Ear's Geometry <input type="checkbox"/> Iris Recognition <input type="checkbox"/> Retina Recognition <input type="checkbox"/> Speech and Audio Analysis <input type="checkbox"/> Thermography <input type="checkbox"/> 3D Hand Profile Identification	<input type="checkbox"/> <b>Criminal Sociology</b>
<input type="checkbox"/> <b>Crime Scene Photography</b>	<input type="checkbox"/> <b>Forensic Victimology</b>

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

\_\_\_\_\_ For minors: even the signature of operator parental authority

Surname and First Name:

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### **PRIVACY POLCY**

Personal data provided by the applicant to the “European Association of Forensic Sciences”, in acronym EAFS, are protected by Law No. 675/1996 (Italian legislation) on privacy relating to the protection of persons and other subjects regarding the processing of personal data. Specifically, the applicant authorizes the collection and processing of datas for the execution of this instance and in any institutional activities of the “European Association of Forensic Sciences”. Personal information may be disclosed to third parties only for institutional purposes of the “European Association of Forensic Sciences”. Therefore, I authorize the “European Association of Forensic Sciences” to the collection and processing of my personal datas, including communication and the transfer to third parties for the purposes indicated in this report.

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Date

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Signature

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Date

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For minors: even the signature of operator parental authority

### **REGISTER TO THE WWW.SCIENZEFORENSIEU WEBSITE AND TO THE EUROPEAN ASSOCIATION OF FORENSIC SCIENCES MAILING LIST**

### **PRIVACY POLICY**

Requesting the membership at the “European Association of Forensic Sciences”, the applicant may be registered on the website [www.forensicsciences.eu](http://www.forensicsciences.eu) and the e-mail address signed in this application will be placed on the EAFS institutional mailing list. Pursuant and to the effects of Law 675/96 (Italian legislation) on the protection of personal data, the webmaster of the website [www.forensicsciences.eu](http://www.forensicsciences.eu) is expressly authorized to treat and store electronically the data contained in the registration form of the website [www.forensicsciences.eu](http://www.forensicsciences.eu) and in this form. Personal data will be used for the sending of informative material on the association activities (as listed in the statute), both paper and electronic. To delet or update the datas, it's necessary to send a request to the webmaster at: [secretariat@forensicsciences.eu](mailto:secretariat@forensicsciences.eu).

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Date

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Signature

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Date

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For minors: even the signature of operator parental authority