

NEW MEMBER

APPLICATION

Southern California Association of Fingerprint Officers

NOTE: A \$5 processing fee will be collected at the time of application, and \$35 will be due upon membership acceptance.

If paying by check, make payable to "SCAFO" and contact your SCAFO Secretary for complete address details.

PERSONAL INFORMATION

Applicant Name: _____
Last First M.I.

Telephone: () - _____ **Email:** _____ **Preferred**
Cell Personal (check one): # @

Address: _____
Street Apt. # City State ZIP

WORK INFORMATION

Agency Name: _____

Address: _____
Street City State ZIP

Telephone: () - _____ () - _____ **Email:** _____ **Preferred**
Work Cell Office / Desk # Work (check one): # @

Position Held: _____ **Time in Position:** _____

Supervisor Name: _____ **Contact:** _____
Email or Phone

MEMBERSHIP REFERRAL INFORMATION

Who referred you today? _____
Name

Telephone: () - _____ () - _____ **Email:** _____
Work Cell Office or Desk # Work

Referring Person's Agency: _____ **Position:** _____

How long have you known this person? _____ **Relationship:** _____

Signature of Referring Person: _____ **DATE:** ____ / ____ / ____

► **Signature:** _____ **DATE:** ____ / ____ / ____ ◀

FOR ADMIN USE ONLY

APPLICATION RECEIVED BY: _____ **DATE:** ____ / ____ / ____ **POSITION:** _____

APPLICATION APPROVED BY: _____ **DATE:** ____ / ____ / ____ **POSITION:** _____

APPLICANT'S MEMBER NUMBER: **PAID?** Y N **PAID BY:** (CASH / CHECK / PAYPAL) **DATE:** ____ / ____ / ____

ADMIN NOTES: _____