



## Association Forensic Odontology for Human Rights | APPLICATION FORM

Legal notice: the Board may ask the applicant to support the application with letters of recommendation from one or more persons qualified to judge the applicant's character and professional competence in forensics. Applicant must be a person of good moral character, high integrity, good repute, and must possess high ethical and professional standards. The Board may refuse membership.

Please write using CAPITAL LETTERS and reply to all queries

Name:		ID No.: (don't write here)
Address:	Office Tel. No.:	
Working position:	Passport No.:	
	Expiry Date:	
	Languages spoken:	
Qualifications (University Degrees, Masters, PhD, PG-D, ect): - - - -		
Affiliations (Civil protections Associations, Forensic Scientific Societies, Law Enforcement agencies, ect): - - - -		
I am forensic consultant <input type="checkbox"/> Yes <input type="checkbox"/> No Since: _____	I am faculty full time member <input type="checkbox"/> Yes <input type="checkbox"/> No Since: _____	I am registered as Expert witness in Court <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____
I am faculty part time member <input type="checkbox"/> Yes <input type="checkbox"/> No Since: _____	I am aware I could serve <i>pro bono</i> as forensic consultant <input type="checkbox"/> Yes <input type="checkbox"/> No	
		I am available for possible volunteer deployment <input type="checkbox"/> Yes <input type="checkbox"/> No
I have the following social media profiles:		
Facebook:		
Instagram:		
Twitter:		
LinkedIn:		
Other:		
<p style="text-align: center;">(Privacy) I authorize the publication of my pictures and info on AFOHR Website and social networks:</p> <p style="text-align: center;">Website www.afohr.org <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Facebook AFOHR page <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Instagram AFOHR profile <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Twitter AFOHR profile <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">LinkedIn AFOHR profile <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Please add me in the WhatsApp AFOHR chat <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

*I accept and approve AFOHR ByLaws.*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Sign, scan and send this form with a portrait picture, a copy of your passport and a CV to [chairman@afohr.org](mailto:chairman@afohr.org)**