



Forensic Consultants Association

P.O. Box 191340
San Diego, CA 92159-1340

V.M. 619.685.8043

Admin. Ofc. 619.593.9988

FAX 619.593.9989

Email: sdfca@cox.net

Website: <http://www.sdfca.org>

INFORMATION PACKAGE

Enclosed is an information package from the Forensic Consultants Association (FCA). This package includes an FCA Information Sheet, Directory, Membership Application, Code of Ethics, Constitution and Bylaws. Applicants should review the documents and contact the Membership Committee Chair, Bud Rosenbloom, at 619.469.7784 or retcopper@aol.com, if the package is incomplete or if they have any questions about completing these materials.

The Forensic Consultants Association currently offers three (3) classifications of *Associate* membership, and three (3) classifications of *Regular* membership.

Associate membership is for those interested in the forensic consulting profession. The three (3) Associate member classifications are Individual, Business and Student.

Regular membership is for those serving the legal community as consultants and/or expert witnesses. The three (3) Regular member classifications are Regular, Senior and Emeritus.

A description of each of the different member classifications can be found in the FCA Bylaws. Questions regarding FCA or membership requirements should be directed to an officer of the organization or to our Membership Chair,.

Your completed application for FCA membership must include the following:

- Completed membership application
- A current copy of your curriculum vitae
- Copies of certificates, licenses and other required documents
- Attestation letters
- Your \$40 application fee made payable to the "Forensic Consultants Association" (or simply, "FCA")

Mail the application package to:

Forensic Consultants Association
c/o Bud Rosenbloom
Membership Committee Chair
American Building Company
7784 Lake Tahoe Avenue
San Diego, CA 92119

OR

Forensic Consultants Association
P.O. Box 191340
San Diego, CA 92159-1340

Since you are required to obtain sponsor statements, you should plan to attend FCA meetings during the application process. Your attendance helps you to become acquainted with FCA and FCA to become acquainted with you. **The Association requires attendance at three (3) FCA meetings prior to membership application approval.**



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INFORMATION ABOUT THE FORENSIC CONSULTANTS ASSOCIATION

MEMBERSHIP – Regular membership in the Forensic Consultants Association includes those expert witnesses who serve the legal community in a professional capacity. Associate membership is available for those interested in forensic activities. Only Regular members may hold office and are eligible to have a display listing in the FCA Directory.

FEES – FCA charges a non-refundable \$40 application processing fee. Annual dues are currently \$125 for Regular members and \$50 for Individual Associate members. Contact FCA about current dues for the other member classifications.

Special-project assessments are occasionally considered.

DIRECTORY – The FCA Directory is published annually and mailed to members of the San Diego County Bar Association and selected others. The cost to those FCA members who participate in this Directory is \$250 annually. You must be a Regular member and pay the Directory fee to be included in the Directory.

SPONSORS – Each applicant is required to obtain a sponsor; Regular membership requires two (2) sponsors.

Information provided in connection with the application is **subject to verification**.

MEMBERSHIP RESPONSIBILITIES – FCA maintains an application and member file. Each member is responsible for keeping his/her information current. Your advertising and business conduct must be consistent with information contained in the FCA file.

GENERAL MEETINGS – Monthly dinner meetings normally include brief member presentations, committee reports and a topical guest speaker.



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SPONSORSHIP STATEMENT

As a Regular member in good standing of the Forensic Consultants Association, I,
_____, attest to the following:

_____ who is applying for Regular [] /
Associate [] membership is known to me personally [] or through business
association [], and I will vouch for his/her integrity and professional character.

I am aware of the applicant's professional reputation and consider him/her to
be a qualified candidate for FCA membership.

I have known the applicant for ____ years.

I am prepared to offer my recommendation and comments concerning
_____'s application for membership prior to
final review by the Membership Committee.

Date

Sponsor's Signature

Sponsor's Name (print or type)



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APPLICATION FOR MEMBERSHIP

I am applying for: Regular Membership Associate Membership

I have testified _____ times as an expert witness.

My field of expertise is: _____

Application Date: _____

Applicant Identification (please type or print clearly)

Last Name	First Name	Middle Initial	Date of Birth
_____	_____	_____	____/____/____

Residence Address: _____

Business Address: _____

Mailing Address: _____

Residence Telephone: (____) _____

Business Telephone: (____) _____

Fax Number: (____) _____

E-mail Address: _____

FOR FCA USE ONLY

Application data verified by: _____

Approved []

Disapproved. . . [] Reason: _____

Applicant Notified: Date _____ By _____

EDUCATION

Include copies of diplomas awarded for work above high school level. If no degree has been awarded, indicate the number of credit hours or units completed to date.

Name of School, Address & Phone	Year Graduated	Major/Degree

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EMPLOYMENT

Begin with your current employer and list all employers for whom you have been employed during the last 10 years **in which your specific duties included work within your forensic expertise.**

Employer Name & Address	Dates of Employment	Position Held	Duties

PUBLISHED WORKS

List the title of each article, paper or book you have personally authored in your forensic discipline. Include the name of the publication in which the article appeared, or the organization responsible for its actual publication, as well as where a copy of the work may be obtained.

Article Title	Date of Publication	Published by	Co-Author(s)

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REFERENCES

List at least five professional references familiar with your work as a forensic expert. **Letters of attestation regarding the quality of your work must accompany this application.**

Name	Address	Telephone	Occupation

INSTRUCTIONAL EXPERIENCE, LECTURES & OTHER PRESENTATIONS

List the title of each presentation you have personally delivered regarding your forensic discipline. Include the title or subject of the presentation or the name of the course taught.

Presentation Title or Description	Date Presented	Name, Address & Telephone of Person to Verify Presentation

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PROFESSIONAL AFFILIATIONS

List the names of the professional organizations with which you are currently affiliated. Include current membership status and offices held.

Organization/Contact Name & Telephone	Current Membership Status	Offices Held

LICENSES, PERMITS AND OTHER CERTIFICATION OR ACCREDITATION

Are you now certified, licensed, authorized or titled by any agency or organization to practice the forensic service you offer?

Yes No

If yes, provide copies of your most recent license, certificate, authorization, etc.

TRIAL TESTIMONY

If you are applying for Regular membership, provide the dates, case names, Court case numbers and full name of three (3) litigation assignments in which you testified as an expert witness:

The Membership Committee member verifying your application may request transcripts, expert witness designations or a case caption page in connection with processing your application.



SPONSORSHIP

Regular applicants: Two (2) FCA Regular member sponsors required

Associate applicants: One (1) FCA Regular member sponsor required

Attach signed sponsor statements to the application or submit them within three (3) months to the Chairman of the Membership Committee.

Print Sponsor's Name _____

Print Sponsor's Name _____

CONVICTIONS

Have you ever been convicted of a felony?

Yes

No

If you answer yes, please attach relevant information.

AFFIRMATION

I certify that the information contained herein is true, complete and accurate to the best of my knowledge and belief. I have included a copy of my current curriculum vitae and copies of all requested documents with this application. My signature below authorizes the Forensic Consultants Association, or its representative(s), to verify information provided in connection with this application. I hereby hold the Forensic Consultants Association and its Board of Directors harmless in connection with verification of the information contained herein.

Applicant's Signature

Date

Applicant's Name (print or type)