

# CLANDESTINE LABORATORY INVESTIGATING CHEMISTS ASSOCIATION

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## Conditional Membership Application

**Please note:**

**This application will allow you to be considered for CONDITIONAL Membership in the Association. The application allows you to seek membership without verification from your supervisory or laboratory manager, and without the submission of a current CV or resume.**

**If accepted as a CONDITIONAL Member, you must provide the proper documentation within 30 days of the close of the CLIC Business meeting to the Membership Secretary. Failure to do so will result in the revocation of the CONDITIONAL Membership.**

First:	Last:	Job Title:	
Agency:			
Address:			
City:	State:	Zipcode:	Country:
Telephone: (Include country and city codes):		Fax:	
Email (Official):			
Email (Personal for Journal access. Yahoo! email account recommended for ListServer Group site access):			

Membership Type:

- Regular                       I am an ABC member  
 Associate  
 Agency

(Note: If you are applying for Regular or Associate membership, you must attach a brief resume or curriculum vitae to support your application.)

**Please select the following statement that best describes your present employment duties:**

- I am** a law enforcement laboratory scientist currently involved in either the chemical analyses of clandestine laboratory evidence or clandestine laboratory scene response and investigation or both, and I am subject to testifying in courts of law due to my work.
- I manage**, either directly or indirectly, one or more full-time paid law enforcement laboratory scientists currently involved in either the chemical analyses of clandestine laboratory evidence or clandestine laboratory scene response and investigation or both, and who are subject to testifying in courts of law due to their work.
- I am** a law enforcement laboratory scientist whose duties may require my unexpected participation in a clandestine laboratory seizure or investigation.
- I am** a sworn law enforcement officer or investigator responsible for the investigation and seizure of clandestine laboratories.
- I am** a paid law enforcement crime scene examiner.
- I am** a paid law enforcement latent fingerprint examiner.

I have read the Constitution and Bylaws of the Clandestine Laboratory Investigating Chemists Association and hereby agree to uphold them to the best of my ability. I also acknowledge the sensitive nature of the information that will be shared with and by the Association, and agree that such information will be safeguarded and used in a lawful manner.

Type full name:

Date: