



Evidence Photographers International Council

# MEMBERSHIP APPLICATION

*EPIC membership and resources are free when you enroll in any EPIC education or certification opportunity*

## PERSONAL INFORMATION

Membership number (renewing members) \_\_\_\_\_

Mr.  Mrs.  Ms.  Dr.  Rev.

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Suffix \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

## CONTACT INFORMATION

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary E-mail (must submit to complete registration) \_\_\_\_\_

Secondday E-mail \_\_\_\_\_

Website Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Fax \_\_\_\_\_

Check here if you do not wish to have your contact information listed online in our referral database.

## DEMOGRAPHICS

Male  Female Birth Year \_\_\_\_\_

Number of years in Photography \_\_\_\_\_ Number of years in Forensic Photography \_\_\_\_\_

Education \_\_\_\_\_ Degrees/Certificates \_\_\_\_\_

Area of Expertise  Law Enforcement  Civil Evidence  Both

## SPECIALTIES (Please check all that apply to the type of work that you do)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>AC</b> Accident Reconstruction | <input type="checkbox"/> <b>IR</b> Infrared & UV                       | <input type="checkbox"/> <b>QD</b> Questioned Documents   |
| <input type="checkbox"/> <b>AE</b> Arial                   | <input type="checkbox"/> <b>LA</b> Latent Prints                       | <input type="checkbox"/> <b>RA</b> Radiography            |
| <input type="checkbox"/> <b>BA</b> Ballistics              | <input type="checkbox"/> <b>MI</b> Microphotography                    | <input type="checkbox"/> <b>SD</b> Student                |
| <input type="checkbox"/> <b>BI</b> Biological & Medical    | <input type="checkbox"/> <b>MO</b> Micro Picture                       | <input type="checkbox"/> <b>SV</b> Surveillance           |
| <input type="checkbox"/> <b>CR</b> Crime Scene             | <input type="checkbox"/> <b>PE</b> Physical Evidence                   | <input type="checkbox"/> <b>TI</b> Time Lapse, High Speed |
| <input type="checkbox"/> <b>FB</b> Forensic Lab            | <input type="checkbox"/> <b>PM</b> Photomacrography & Photomicrography | <input type="checkbox"/> <b>UW</b> Underwater             |
| <input type="checkbox"/> <b>FI</b> Fire Investigation      | <input type="checkbox"/> <b>PH</b> Photogrammetry                      | <input type="checkbox"/> <b>VI</b> Videography            |
| <input type="checkbox"/> <b>GE</b> General                 | <input type="checkbox"/> <b>PR</b> Industrial & Product Liability      | <input type="checkbox"/> <b>XX</b> Other _____            |
| <input type="checkbox"/> <b>IN</b> Injuries                |  |   |

## \$149 EPIC ANNUAL MEMBERSHIP

*(a one-time \$149 discount is issued when your application for any future EPIC education/certification is received)*

## PAYMENT INFORMATION

CHECK Account# \_\_\_\_\_

VISA Name that appears on card \_\_\_\_\_

MASTERCARD Exp. Date (MM/YY) \_\_\_\_\_

AMERICAN EXPRESS Cardholder's Signature \_\_\_\_\_

Return this application with payment to EPIC  
229 Peachtree Street NE  
Suite 2200  
Atlanta, GA 30303

Customer Service 866-868-EPIC (3742)  
Fax 404-614-6404