



Evidence Photographers International Council

MEMBERSHIP APPLICATION

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

PERSONAL INFORMATION

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) _____

Secondary E-mail _____

Website Address _____

Primary Phone _____ Secondary Phone _____ Fax _____

Check here if you do not wish to have your contact information listed online

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

EPIC MEMBERSHIP

\$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 301-604-0158