

American College of Legal Medicine

SPONSORSHIP REQUEST FORM

Candidate Name: _____

Degree(s) _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Dear ACLM Fellow Member:

The above referenced individual has applied for membership in the following category (candidate, check one):

- Fellow
- International Fellow
- Member
- Student
- International

in the American College of Legal Medicine and has requested that you serve as a sponsor. Read the following statement, indicate your agreement by signing this letter, and then return this letter to the ACLM office.

“I agree to sponsor the above mentioned individual for membership in the American College of Legal Medicine. I believe this individual would be a valuable addition to our organization. I know nothing that would call into question the individual’s integrity, reputation, or competence in legal medicine.”

Print Name: _____

Signature: _____

Date: _____

Return completed form by mail, fax or email to:

ACLM
Attn: Debbi Frigo
1061 E. Main Street, Suite 300
East Dundee, IL. 60118
Fax: 847.752.6632
Email: debbi@veritasmeetingsolutions.com