

# 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  
Email: [info@aclm.org](mailto:info@aclm.org)