

California Association of Criminalists

Edward F. Rhodes Memorial Award

SPONSORSHIP FORM

Please complete this form by providing the requested information. Additional pages may be used to com plete a response. The Sponsor Form must be received by the Awards Committee by **December 31^{st}**.

1. Sponsorship Information

Name:	Employer:				
Address:					
Phone #:					
CAC Membership Status:	Affiliate or Retired	Associate	Corresponding Full		
2. Applicant Information					
Name:					
Is the applicant employed in the forensic sciences? Yes No					
If yes, where and how long e	mployed?				
Please describe how the appl	icant has shown	initiative or por	tential in pro	ofessional	development.
Signature			Date		
Send completed application t	0:				
CAC Awards Committee Cha Contact information can be for	-				

http://committees.cacnews.org