



## The National Association of Medical Examiners®

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# MEMBERSHIP APPLICATION CHECKLIST PROFESSIONAL CONSULTANT AFFILIATE

As part of the NAME membership application process, you will be required to upload the following documents:

- Copy of your current curriculum vitae/resume
- A signed, recently dated letter of recommendation from a NAME Member or Fellow with whom you work closely is required
- IMPORTANT: PLEASE USE YOUR PERSONAL EMAIL FOR YOUR MEMBERSHIP APPLICATION**

Once you have gathered all required documents, please submit your application through our website. If you have any questions or need assistance, feel free to contact us at [tsnethen@thename.org](mailto:tsnethen@thename.org) or call (816) 244-5160.

We appreciate your interest in becoming a NAME Professional Consultant Affiliate and look forward to reviewing your application!