



International Association of Arson Investigators, Inc. Application For Membership

This application MUST be complete to be accepted. Payment (check, money order or credit card) must accompany form.

New / Renewal Membership in International (\$75.00) & Indiana Chapter Membership (\$20.00) Total \$95.00

I hereby make application for membership in the International Association of Arson Investigators, Inc., and/or membership renewal in the Indiana Chapter, Inc. of the International Association of Arson Investigators, Inc., in accordance with their Constitution and By-Laws, and agree to be bound therewith. All information given by me is warranted to be true.

Name (Last, First, Middle Initial) _____

Date of Birth ____/____/____ Last four digits of Your SSN# _____ Home Telephone () _____

Home Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____ E-mail Address: _____

Employer _____ Supervisor _____

Business Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____ Telephone () _____ Fax () _____

Are you already a member of the IAAI? ___Yes ___No Your IAAI Membership Number _____

Occupational Affiliation (circle one)

Public Service Private Investigation Insurance Engineering Scientist/Laboratory Legal

Primary Duty (circle one)

Fire Investigator Forensic Accountant Chemist/Scientist Manager Instructor Attorney

Forensic Engineer (Discipline) _____ Other _____

Have you ever been convicted of a felony or any crime, felony or misdemeanor, involving moral turpitude? ___Yes ___No

If yes, explain offense and date/location of conviction.

Note: a yes answer may affect your acceptance as a member of the International Association of Arson Investigators.

Are you interested in serving on an IAAI Committee Yes No

Are you interested in delivering IAAI training Yes No

Are you a member of an IAAI Chapter Yes No If yes, please list _____

Charge my membership dues: ___Amex ___Visa ___Master Card Account # _____ Expiration Date ____/____

Name of card holder: _____ Credit card billing phone () _____

Credit billing address _____ City _____ State/Province _____ Zip/Postal Code _____

Do you authorize your annual membership renewal dues to be automatically charged to this card? ___Yes ___No

Member Recommendation, Sign and Date – You must be recommended by a Member in Good Standing

Member in good standing (print): _____ Int'l ID# _____ Telephone# _____

Applicant Signature _____ Date _____

Mail correspondence to (circle one): Home Business

Mail To:
International Association of Arson Investigators, Inc.
2111 Baldwin Ave., Suite 203
Crofton, MD 21114

revision 8/12

FOR OFFICIAL USE ONLY

Card No. _____

Card Mailed _____

Record No. _____