



## 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. \_\_\_\_\_