



International Association for Identification

APPLICATION FOR MEMBERSHIP

RETURN APPLICATION AND PAYMENT TO:

International Association for Identification
2131 Hollywood Blvd., Suite 403
Hollywood, FL 33020 USA
Office (954) 589-0628
Fax (954) 589-0657
Email: gcalhoun@theiai.org
Website: www.theiai.org

For IAI Office Use Only	Membership #: _____
	Date Received: _____
	Payment Type: _____
	Amount Rec'd: _____

Annual	<input type="checkbox"/>	\$70 US Applicant
Dues	<input type="checkbox"/>	\$60 (USD) Non-US Applicant
Amount	<input type="checkbox"/>	\$35 US Student Applicant
	<input type="checkbox"/>	\$30 (USD) Non-US Student Applicant
Other	<input type="checkbox"/>	\$ _____ Sustaining Membership
Optional	<input type="checkbox"/>	\$7 (USD) IAI Member Lapel Pin

MEMBERSHIP CATEGORIES

Active Membership is for an individual actively engaged as an examiner, analyst, practitioner, or supervisor in the forensic sciences. The term "actively engaged" is defined as an individual's principle professional endeavor or an ancillary enterprise comprising a significant amount of professional activity.

Associate Membership is for an individual wholly or partially engaged in the forensic sciences who is not qualified for Active Membership. Associate members are subject to the same rules, fees, and charges, and are entitled to all rights and privileges of Active membership, with the exception that they are not entitled to hold the office of President or Vice President of the IAI.

Student Membership is for a full-time college student majoring in forensic science or law enforcement. Applicants must include a letter or current transcript from their educational institution certifying the applicant is currently taking at least 12 semester credits or the equivalent in quarter credits for undergraduate study. At least 9 semester credits or the equivalent in quarter credits is needed for graduate study applicants. The letter must state the number of credits being taken. The words "full-time student" will not suffice.

Sustaining Active or Associate Membership is for an individual who meets the defined criteria as stated above for Active or Associate Membership and prefers to make one payment (which is 10 times the current annual dues amount) and eliminates the requirement of annual dues.

Membership applying for: Active Associate Student Sustaining Active Sustaining Associate

Full Name _____
First Name Middle Name Last Name

Have you ever been convicted of a crime? No Yes (If yes, please provide details on a separate sheet of paper.)

Work / Student Title _____

Home Address _____
Street Apt / Floor / Suite Number

City State / Province Postal / Zip Code Country

Employer / School _____

Work / School Address _____
Street Apt / Floor / Suite Number

City State / Province Postal / Zip Code Country

Send IAI mail/publications to: Home Work List this address in the IAI Directory: Home Work

Home Phone _____ Work Phone _____ Ext. _____

Cell Phone _____ Fax Phone _____

Email Address _____

Recommender _____ <small>IAI Member Name</small>	_____ <small>IAI Member Number</small>	_____ <small>IAI Member Signature</small>
_____ <small>IAI Member Email</small>	_____ <small>IAI Member Phone Number</small>	

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Approved _____ Approved _____
Regional Representative (signature and date) Sub Committee Chair (signature and date)

PLEASE NUMBER UP TO THREE AREAS OF EXPERTISE

Instructions: Write "1" for your primary discipline and then "2" and "3" for the other areas.

- | | | |
|---|--|--|
| <input type="checkbox"/> Crime Scene Investigation | <input type="checkbox"/> Forensic Art | <input type="checkbox"/> Forensic Podiatry |
| <input type="checkbox"/> Bloodstain Pattern Analysis | <input type="checkbox"/> Forensic Odontology | <input type="checkbox"/> Questioned Documents* |
| <input type="checkbox"/> Latent Print Identification | <input type="checkbox"/> Forensic Photography & Electronic Imaging | <input type="checkbox"/> Digital Evidence |
| <input type="checkbox"/> Firearm & Toolmark Examination | <input type="checkbox"/> General Forensics | <input type="checkbox"/> Tenprint Identification |
| <input type="checkbox"/> Footwear & Tiretrack Examination | <input type="checkbox"/> Forensic Laboratory Analysis | <input type="checkbox"/> Forensic Anthropology |
| <input type="checkbox"/> Biometrics Information Systems | | |

*If applying as a Questioned Documents Examiner attach a curriculum vitae.

PERSONAL HISTORY

List job duties, education, interests, and/or experiences in the forensic science field. Attach additional information if needed.

AGREEMENT

I understand an application fee paid between January 1 and September 30 will be applied to the membership dues for that calendar year only; if paid between October 1 and December 31, the fee will be applied to the following calendar year.

I understand an application must include payment of the application fee, which will be refunded if the application is rejected.

I understand my Membership Certificate is the property of the IAI and must be returned upon my resignation or suspension.

I understand that omission or falsification of information will be a basis for rejection or denial of IAI membership. To the best of my knowledge, I certify the information contained herein is true.

I hereby submit an application for membership in the International Association for Identification in accordance with its Constitution and By-Laws and agree to be bound by them.

SIGNATURE

Applicant Signature Date

CREDIT CARD PAYMENT Please complete ALL information below for authorization. Thank you!

- Visa MasterCard Discover / Novus American Express

Credit Card Number _____ Security Code _____ Expiration Date (month/year) _____

Print Name (as it appears on credit card) _____ Billing Address _____