



International Association
for Identification

APPLICATION FOR MEMBERSHIP

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

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

| | |
|--------------------|---|
| Annual Dues Amount | <input type="checkbox"/> \$80 US/Non-US Applicant |
| | <input type="checkbox"/> \$45 US/Non-US Student Applicant |
| Other | <input type="checkbox"/> \$800 Sustaining Membership |
| Optional | <input type="checkbox"/> \$7 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 I will access on IAI Website

List this address in the IAI Directory: Home Work

Home Phone _____ Work Phone _____ Ext. _____

Cell Phone _____ Fax Phone _____

Email Address _____

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|---|------------------|-------------------------|----------------------|
| Recommender <small>(Preferred but not Mandatory)</small> | IAI Member Name | IAI Member Number | IAI Member Signature |
| | IAI Member Email | IAI Member Phone Number | |

| | | |
|--|--|--|
| Approved _____ | <small>For IAI Office Use Only</small> | Approved _____ |
| <small>Regional Representative or Sub Committee Chair (signature and date)</small> | | <small>Chief Operations Officer (signature and date)</small> |

IAI Membership Application Form

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"/> Biometrics Information Systems | <input type="checkbox"/> Forensic Photography & Electronic Imaging |
| <input type="checkbox"/> Bloodstain Pattern Analysis | <input type="checkbox"/> Forensic Podiatry |
| <input type="checkbox"/> Crime Scene Investigation | <input type="checkbox"/> General Forensics (select if one of the below applies) |
| <input type="checkbox"/> Digital and Multimedia Evidence | <input type="checkbox"/> Forensic Biology/DNA |
| <input type="checkbox"/> Facial Identification | <input type="checkbox"/> Firearm & Tool Mark Examination |
| <input type="checkbox"/> Latent Print Development | <input type="checkbox"/> Forensic Anthropology |
| <input type="checkbox"/> Latent Print Identification | <input type="checkbox"/> Forensic Odontology |
| <input type="checkbox"/> Footwear & Tiretrack Examination | <input type="checkbox"/> Questioned Documents |
| <input type="checkbox"/> Forensic Art | <input type="checkbox"/> Tenprint Identification |

*The IAI currently offers certifications in the following disciplines. Please go to the IAI website (www.theiai.org) and click on the "Certifications" link for details.

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|-----------------------------|----------------------|----------------------|--------------------------|
| Bloodstain Pattern Analysis | Footwear Examination | Forensic Photography | Latent Print Examination |
| Crime Scene Investigation | Forensic Art | Forensic Video | Tenprint Examination |

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) _____ Email Address to Send Receipt _____