



International Association for Identification

APPLICATION FOR MEMBERSHIP

Complete and return to:
International Association for Identification
2535 Pilot Knob Road • Suite 117
Mendota Heights, MN 55120-1120
Tel: 651-681-8566 • Fax: 651-681-8443
E-Mail: iaisecty@theiai.org

Membership #: _____
Date Rec'd & Membership Date: _____
Amount Rec'd: _____

Annual Dues:
\$60 United States Applicant
\$50 (U.S.D.) Applicant outside the United States
\$30 United States Student Applicant
\$25 (U.S.D.) Student Applicant outside the United States

I hereby make application for membership in the International Association for Identification in accordance with its Bylaws and Constitution and agree to be bound by them.

I am applying for: Active Membership Associate Sustaining Membership Student Membership

Preferred Mailing Address

Name in Full: _____
Employed by: _____
Business Title: _____
 Business Address: _____
 Home Address: _____
Business Phone #: _____ Ext.: _____ Home Phone #: _____
Fax #: _____
E-mail Address: _____

1. Have you ever been convicted of a crime?
 Yes (Please provide details on separate sheet)
 No
 2. I understand that application fees paid to the Association by any new applicant between January 1 and September 30 shall be applied to the membership dues for that calendar year only; fees paid by an applicant between October 1 and December 31 shall be applied to the following calendar year.
 3. I also understand that if I apply for Sustaining Membership (10 times annual dues), I am relieved from the requirement of annual dues and assessments.
 4. All applications MUST be accompanied by payment of fees, which will be refunded if the application is rejected. Incomplete Applications will be returned.
 5. I understand that my Membership Certificate is the property of the IAI and must be returned to the Office of the Executive Secretary upon my resignation or suspension. Because this information will be used for compiling the annual Membership Directory, please be precise and complete all items.
- Lapel pin is optional for \$7.00, U.S. currency.

PLEASE NUMBER UP TO THREE AREAS OF YOUR EXPERTISE
Indicate your primary discipline as Number 1, then other areas as 2, 3, etc.

___ Crime Scene Investigation	___ Forensic Art	___ Laboratory Analysis
___ Bloodstain Pattern Analysis	___ Forensic Odontology	___ Polygraph
___ Fingerprint Identification	___ Forensic Photography/Electronic Imaging	___ Questioned Documents*
___ Firearms & Toolmark	___ Innovative/General Techniques	___ Voice & Acoustical Analysis
___ Footwear/Tiretracks		

(Recommender information is not required for student memberships)

Recommender: _____
Member's Name *Member's Number* *Recommender's Signature*

Address of Recommender: _____

Approved _____ Approved _____
Regional Representative Signature and Date *Sub Committee Chair Signature and Date*

