

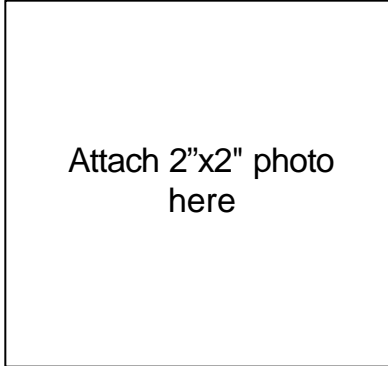
**ROCKY MOUNTAIN DIVISION**  
of the  
**INTERNATIONAL ASSOCIATION FOR IDENTIFICATION**

**MEMBERSHIP APPLICATION**

Name of Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_

I would like to be considered for membership in the **ROCKY MOUNTAIN DIVISION** of the **INTERNATIONAL ASSOCIATION FOR IDENTIFICATION** as an:



Active Member \_\_\_\_ Associate Member \_\_\_\_

**ACTIVE MEMBER:** The active membership of this Division shall consist of persons who are engaged in the science of identification and forensic science, heads of police departments, chiefs of detectives and sheriffs; **PROVIDED HOWEVER,** that the foregoing persons are bona fide employees of, and receive salaries from national, state, county or municipal governments, or some subdivision thereof An active member shall not lose his or her active status because of retirement or change of assignment so long as he or she remains in good standing.

**ASSOCIATE MEMBERSHIP:** All reputable persons, wholly or partially engaged in the various phases of the science of identification, and who are not qualified for active membership, are hereby eligible to become Associate Members. They shall, in all respects, be subject to the same rules, fees, and charges, and will be entitled to the same rights and privileges as active members, except they shall not be entitled to be elected to the office of President or Vice President.

State your qualifications for membership:  
(Before answering, be sure to read the qualifications for membership as listed above.)

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I understand that annual dues are \$20.00 payable on application, and are then due January 1st of each year thereafter. Please make checks payable to RMDIAI.

I've included \$5.00 for a lapel pin. \_\_\_\_\_ (Optional)

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Signature

All information requested on this form must be provided or marked "Not applicable".  
Failure to provide the requested information will be cause for the return of this application.

Mail to: Wendy Kipple - Treasurer  
PO Box 1442  
Fairplay, CO 80440

# MEMBERSHIP APPLICATION

Name \_\_\_\_\_ Date and Place of Birth \_\_\_\_\_

Employer \_\_\_\_\_  
Title \_\_\_\_\_

Office Address \_\_\_\_\_ Office Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

Employment Reference: Supervisor/Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If Yes, give details: \_\_\_\_\_

Degrees or honors? \_\_\_\_\_

Please indicate up to three of the following disciplines (numbers 1-3 with primary discipline as number 1) in which you are involved:

<input type="checkbox"/> Fingerprint Identification	<input type="checkbox"/> Forensic Art	<input type="checkbox"/> Voice Print & Acoustics
<input type="checkbox"/> Crime Scene Investigation	<input type="checkbox"/> Polygraph	<input type="checkbox"/> Questioned Documents
<input type="checkbox"/> Laboratory Analysis	<input type="checkbox"/> Forensic Photography	<input type="checkbox"/> Firearms & Toolmarks
<input type="checkbox"/> Footwear and Tire Tracks	<input type="checkbox"/> Bloodstain Pattern Analysis	<input type="checkbox"/> Forensic Anthropology
<input type="checkbox"/> Forensic Odontology	<input type="checkbox"/> Forensic Entomology	<input type="checkbox"/> Innovative/General Techniques

Other (Specify) \_\_\_\_\_

Where do you prefer to receive your mail?  Home Address  Business Address

Which address do you want published in the directory?  Home Address  Business Address

E-mail/Web page? \_\_\_\_\_

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Recommended by \_\_\_\_\_

Member's Number  
(RMD Member's Signature)

First reading approved \_\_\_\_\_

Disapproved \_\_\_\_\_

(Date)

(Date)

Second reading approved \_\_\_\_\_

Disapproved \_\_\_\_\_

\_\_\_\_\_

(Date)

(Date)

Signed by \_\_\_\_\_

(Chairman of the Board)