

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 ____

Attach 2"x2" photo
here

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.)

I understand that annual dues are \$30.00 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)

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: LeAnne Dingman, Treasurer
Fort Collins Police Department
PO Box 580
Ft Collins, CO 80522

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 |
| <input type="checkbox"/> Death Investigation | | |

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? _____

Recommended by _____ Member's Number _____
(RMD Member's Signature)

** If you are not being recommended for membership by an existing RMD Member, please include your Supervisor's contact information under Employment Reference, and make sure you state your qualifications where indicated in the application.*

First reading approved _____ Disapproved _____
(Date) (Date)

Second reading approved _____ Disapproved _____
(Date) (Date)

Signed by _____
(Chairman of the Board)