

INDIANA DIVISION OF THE INTERNATIONAL ASSOCIATION FOR IDENTIFICATION MEMBERSHIP APPLICATION

Please type or print plainly all information. See additional instructions and information on reverse side

Type of Membership Applied For: Active Associate	FULL NAME <i>Last First Middle</i>		
IAI PARENT BODY MEMBER NUMBER	DATE OF BIRTH	PLACE OF BIRTH	
RESIDENCE ADDRESS			
RESIDENCE CITY OR TOWN	STATE	ZIP CODE	RESIDENCE TELEPHONE NUMBER ()
EMPLOYER <i>Name of government agency or company</i>			
TITLE OR POSITION		LENGTH OF SERVICE IN THIS POSITION	
BUSINESS ADDRESS			E-Mail
BUSINESS CITY OR TOWN	STATE	ZIP CODE	BUSINESS TELEPHONE NUMBER
DUTIES AND RESPONSIBILITIES OF CURRENT POSITION			
PREVIOUS EXPERIENCE IN FORENSIC SCIENCE, IDENTIFICATION, INVESTIGATION, OR RELATED AREAS			
EDUCATION AND TRAINING			
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? <i>If yes, give complete details</i>			
I certify that the information contained in this Membership Application is true and correct, and that I am qualified for the category of membership for which I have applied. I authorize the Indiana Division to verify my employment and position. I understand that any false information given on this Application may be grounds for denial of membership. If accepted as a member of the Indiana Division of IAI, I agree to be governed by its Constitution and Bylaws.			APPLICANT'S RIGHT INDEX FINGERPRINT
SIGNATURE OF APPLICANT »		DATE OF APPLICATION	
RECOMMENDED BY <i>Name</i>		<i>Indiana Member Number</i>	
SIGNATURE OF RECOMMENDER		DATE	
<i>THIS SECTION FOR OFFICE USE ONLY</i>			
DATE RECEIVED	Action: Forwarded to Board Chair	SECRETARY-TREASURER ACTION DATE	
DATE RECEIVED	Action: Approved Denied (state reason)	CHAIR OF BOARD ACTION DATE	
DATE RECEIVED	Action: Applicant notified	SECRETARY-TREASURER ACTION DATE	
REMARKS. REASON FOR DENIAL. OTHER			INDIANA DIVISION MEMBER NUMBER