

INDIANA DIVISION OF THE INTERNATIONAL ASSOCIATION FOR IDENTIFICATION MEMBERSHIP APPLICATION

Please type or print all information plainly/legibly.

MEMBERSHIP LEVEL <input type="checkbox"/> Active <input type="checkbox"/> Associate		FULL NAME OF APPLICANT: Last		First	Middle	
IAI PARENT BODY MEMBER NUMBER <input type="checkbox"/> Not a Member		DATE OF BIRTH		PLACE OF BIRTH		
RESIDENCE ADDRESS						
RESIDENCE CITY OR TOWN			STATE	ZIP CODE	RESIDENCE TELEPHONE NUMBER	
OTHER TELEPHONE NUMBER	RESIDENCE EMAIL ADDRESS			<i>Residence Information will not be released outside Indiana IAI without member's permission.</i>		
EMPLOYER <i>Name of government agency or company</i>						
TITLE OR POSITION				LENGTH OF SERVICE IN THIS POSITION		
OFFICE ADDRESS						
OFFICE CITY OR TOWN			STATE	ZIP CODE	OFFICE TELEPHONE NUMBER	
OFFICE FAX NUMBER	OFFICE EMAIL ADDRESS			<i>Office information will be used for member contact and directory listing unless otherwise requested.</i>		
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>						
CERTIFICATION <i>I certify that the information contained in this membership application is true and correct, and that I am qualified for the level of membership for which I have applied. I authorize the Indiana Division IAI to verify my employment and position. I understand that giving false information on this application may be grounds for denying membership. If accepted as a member of the Indiana Division IAI, I agree to abide by its Constitution and Bylaws.</i>					PRINT OF APPLICANT'S RIGHT INDEX FINGER	
SIGNATURE OF APPLICANT				DATE OF APPLICATION		
RECOMMENDED BY: Name of Indiana IAI Member				Member Number		
SIGNATURE OF RECOMMENDER				DATE SIGNED		
INDIANA IAI OFFICE USE ONLY						
Received by Secretary/Treasurer Date:	Board Action <input type="checkbox"/> Approve <input type="checkbox"/> Decline	MEMBER NUMBER RECORDED <input type="checkbox"/> Yes <input type="checkbox"/> No	APPLICANT NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	INDIANA IAI MEMBER NUMBER IN		