



CALIFORNIA

CALIFORNIA STATE DIVISION

INTERNATIONAL ASSOCIATION FOR IDENTIFICATION

APPLICATION FOR MEMBERSHIP

Personal Information

Employment Information

Name _____

Title _____

Address _____

Employed By _____

City _____

Address _____

State _____ Zip Code _____

City _____

Home Phone Number _____

State _____ Zip Code _____

Email _____

Work Phone Number _____

Mailing Address (check one)

Fax Number _____

____ Home Address ____ Work Address

Cell Phone Number _____

Are you currently a member of the IAI parent body? ____ No ____ Yes If Yes, member # _____

I hereby make application for membership in the California State Division International Association For Identification. I have enclosed my first year's membership dues of \$45.00 along with a non-refundable application fee of \$5.00 for a total of \$50.00.

I am applying for: _____ Active Membership _____ Associate Membership

Signature of Applicant _____ Date _____

Recommended By (**please print**) _____ Member # _____

Phone # and EMAIL address of recommender _____

Signature of Recommender _____ Date _____

Make checks payable to CSD IAI and mail to:

Office of the Secretary-Treasurer
CSD IAI
P.O. Box 299
Pismo Beach, CA 93448

FTIN: 95-6078706

If paying with a VISA, MASTERCARD or DISCOVER card, provide name on card _____, card number _____, expiration date _____, CVV Code _____ (3 digit numerical on back of card), ZIP Code _____. Credit card information will not be shared.

What are your primary duties?

The California Identification Digest is available in the "members only" area located on the association website located at www.csdiai.net. User name and pass word are required for access and will be provided upon approval of application. Email Address: _____

Active membership should be those persons actively engaged as an examiner, analyst, practitioner or supervisor in the forensic sciences, whose membership has been approved and whose annual dues have been paid as required by the CSD IAI. **Active** members shall not lose their status because of retirement or change of position, so long as they remain members of the CSD IAI. **Active** members may hold office. **Active** members shall be entitled to one (1) vote with respect to each matter presented to the membership of the CSD IAI for a vote, shall be provided access to the CSD IAI Membership Directory, and each of the issues of the official CSD IAI publications. The annual dues for Active Members shall be set forth in the Association Bylaws.

Associate members are reputable persons wholly or partially engaged in the various phases of the science of identification and **are not** qualified for active membership. **Associate** members have all rights and privileges afford to Active Members, however, only the position of Director may be held.

Our bylaws do not require a color photograph, however, it would be appreciated if a photograph (polaroid, 35 mm or digital) be submitted with application.

FOR OFFICIAL USE ONLY

DATE RECEIVED _____ **CHECK #** _____ **AMOUNT** _____

NEW MEMBER # _____

Membership Committee Report:

Chair Signature _____ DATE _____
Committee Member _____ DATE _____
Committee Member _____ DATE _____