



CALIFORNIA STATE DIVISION

International Association for Identification

APPLICATION FOR STUDENT MEMBERSHIP

CALIFORNIA

Personal Information

College/University Information

Name \_\_\_\_\_

College/Univ. \_\_\_\_\_

Address \_\_\_\_\_

Instructor \_\_\_\_\_

City \_\_\_\_\_

Department \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

City \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

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

\*\*\*\*\*

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

I am a \_\_\_\_\_ Full-Time Student \_\_\_\_\_ Part-Time Student \_\_\_\_\_ # of Units Currently Taking

\_\_\_\_\_ Year Graduation Anticipated

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Recommended By (please print) \_\_\_\_\_ Member # \_\_\_\_\_

Recommender EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_

Make checks payable to CSD IAI and mail with completed application 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) and ZIP Code \_\_\_\_\_. **Credit card information will not be shared.**

**Student Members** are persons enrolled as a student in an accredited college or university, majoring in a law enforcement and/or forensic science related field. Student member **must not** be employed by a law enforcement agency (internships as part of their college course work is exempt). To qualify under these provisions the individual **must include with the application for Student Membership and renewal**, a letter on college letterhead from an instructor verifying that the individual is qualified for Student Membership or sign the declaration below.

**Students** who graduate and become employed in law enforcement and/or a forensic specialty may transfer their membership to Active or Associate status, in accordance with Article III of the Constitution of this Association.

A Student Membership will terminate at the end of the third calendar year in which they graduate, and/or upon request for transfer to an Active, and/or Associate Membership; and/or immediately upon the Membership Committee determining they are no longer eligible.

**(Instructor's Name)** (please print) \_\_\_\_\_ certify that the above named student is currently enrolled in the above named educational institution and/or in a forensics program, and is qualified as a student member as outlined above. **Contact will be made.**

Signature of Instructor \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

\*\*\*\*\*

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

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

\*\*\*\*\*

**FOR OFFICIAL USE ONLY**

DATE RECEIVED \_\_\_\_\_ CHECK # \_\_\_\_\_ AMOUNT \_\_\_\_\_

NEW MEMBER # \_\_\_\_\_

Membership Committee Report:

Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Committee Member \_\_\_\_\_ Date \_\_\_\_\_