



CALIFORNIA STATE DIVISION
International Association for Identification

2010 Student Membership Invoice
Membership Dues (Received prior to February 1, 2010) - \$35.00
Late Fee (Received after February 1, 2010) - \$10.00
Total with Late Fee - \$45.00

Make payment to CSDIAI and mail to:
CSDIAI Secretary-Treasurer
Russell Silcock
P.O. Box 10
Roseville, CA 95678-0010

Article II, Section 3, Sub-Section A of the Bylaws requires that **all membership dues must be received by the CSDIAI Secretary-Treasurer before February 1** of each year or the member will become delinquent and will be removed from the mailing list. Sub-Section C provides for a late fee of \$10.00 if received after that date. All delinquent members will be dropped from membership on October 1, 2010.

Student members must not be employed by a law enforcement agency (exempting college coursework internships). To qualify under these provisions, the student member **must include** with this invoice a letter on college letterhead from a professor or instructor verifying the qualifications for Student Membership. A Professor or Instructor may sign the declaration below in place of letter (telephone verification will be made). Students who graduate and become employed in law enforcement or a forensic specialty may transfer his or her membership to Active or Associate status, in accordance with Article III of the Constitution of this Association.

**In order to update your membership record, please fill this form out completely.
This invoice, or a copy, must be returned with your dues payment.**

HOME/MAILING ADDRESS

Street: _____
City: _____
State: _____ Zip: _____
Home phone: _____

COLLEGE/UNIVERSITY

Name of College: _____
Street: _____
City: _____
State: _____ Zip: _____

ALTERNATE MAILING ADDRESS

Street: _____
City: _____
State: _____ Zip: _____

STUDENT STATUS

Full-time
 Part-time
___ Number of units

Email Address: _____

Please fill in the following:

Would you like the Digest emailed to the above address? Yes No, via U.S. Mail
Would you like your email address listed in the Directory? Yes No
Are you interested in serving on a committee? Yes No If yes, which one _____

Declaration of Student Enrollment (In lieu of letter)

I (Professor/Instructor Please Print Name): _____ Department: _____
certify that the above named student is currently enrolled in the above named educational institution majoring in law enforcement and/or in a forensics program, and is enrolled as a student in an accredited College or University, majoring in a law enforcement, and/or Forensic Science related field. **Telephone verification will be made.**

Signature: _____ ID #: _____ Date: _____ Telephone Number: _____

For Secretary-Treasurer's use only:

Date Received: _____ Check number: _____ Amount: _____
Comments: _____