



**CALIFORNIA STATE DIVISION**  
**of the**  
**International Association for Identification**  
**APPLICATION FOR STUDENT MEMBERSHIP**

Make checks payable to CSDIAI and mail to:  
 Office of the Secretary-Treasurer  
 P.O. Box 10  
 Roseville, CA 95678-0010

**CALIFORNIA**

**Personal Information**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 E-mail \_\_\_\_\_

**College/University Information**

College/Univ. \_\_\_\_\_  
 Instructor \_\_\_\_\_  
 Department \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP Code \_\_\_\_\_

I am a:  Full-time Student  Part-time Student No. of Units Currently Taking \_\_\_\_\_ Year Graduation Anticipated \_\_\_\_\_

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 \$35.00 along with a non-refundable application fee of \$5.00, for a total of \$40.00. Payment can be made by CHECK or Credit Card (VISA, MASTER CARD OR DISCOVER) Please complete all items. Incomplete applications will be returned to the applicant.

**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 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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Recommended by (Please print) \_\_\_\_\_ Mem. No. \_\_\_\_\_  
 Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_

The California Identification Digest will be delivered via email or internet. EMAIL: \_\_\_\_\_

Are you currently a member of the IAI Parent Body?  No  Yes If yes, Mem. No. \_\_\_\_\_

(Instructor's Name) \_\_\_\_\_ 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 qualified as a student member as outlined above. **Telephone verification will be made.**

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

*For Official Use Only*

*Membership Committee Report:*  
 Chair Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 1st Committee Member \_\_\_\_\_ Date \_\_\_\_\_  
 2nd Committee Member \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_ Check No.: \_\_\_\_\_ Amount: \_\_\_\_\_ Mem. No. \_\_\_\_\_

CREDITCARD INFORMATION (will not be shared)

Check One: VISA  MASTER CARD  DISCOVER   
 Name on Card \_\_\_\_\_ Credit Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_