



**CALIFORNIA STATE DIVISION
of the
International Association for Identification
APPLICATION FOR 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 _____
Mailing Address (Check one)
 Home Address Business Address

Employment Information

Title _____
Employed by _____
Address _____
City _____
State _____ ZIP Code _____
Phone Number _____
Fax Number _____
Work E-mail _____

I hereby make application for membership in the California State Division of the International Association for Identification. I have enclosed my first year's membership dues of \$35.00 along with a non-refundable application fee of \$5.00 for a total of \$40.00. Payment may be made by CHECK or VISA, MASTERCARD or DISCOVER. Fill in info at bottom of page. I am applying for: Active Membership Associate Membership

Active members are persons in law enforcement engaged in the forensic sciences and their application to identification and investigation and who are bona fide employees of and receive **full time salaries** from either a **National, State, County of Municipal Government** or some division thereof. **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. Students must use the "Student Application" form. This form is not intended to be used for membership renewal.

Signature of Applicant _____ Date _____

Recommended by (Please print) _____ Mem. No. _____

Signature of Recommender _____ Date _____

The Digest will be delivered electronically via email or the internet. Home E-Mail _____

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

Membership Committee Report:

For Official Use Only

Chair Signature: _____ Date _____

1st Committee Member _____ Date _____

2nd Committee Member _____ Date _____

Date Received _____ Check No.: _____ Amount: _____ Mem No. _____

Credit Card Information (will not be shared)

Check One: Visa Master Card Discover

Name on Card _____ Card Number _____

Expiration Date: _____