



CALIFORNIA STATE DIVISION

International Association for Identification
2012 Student Membership Invoice

Membership Dues (Due January 1, 2012) - \$35.00

Late Fee (Received after February 1, 2012) - \$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
FTIN 95-6078706

NAME: _____ MBR # _____

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...

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...

If paying with a VISA, MASTERCARD, or DISCOVER card, provide the card number, expiration date, name on card. Credit card information will not be shared.

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: _____

STUDENT STATUS

- Full-time
Part-time
Number of units

Email Address: _____

The California Identification Digest and Membership Directory are available via the website www.csdiai.net and is password protected.

Please fill in the following:

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: _____