



CALIFORNIA STATE DIVISION

International Association for Identification
2012 Active and Associate 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

CHECK ONE:

- Active Member
- Associate Member

Name: _____

Member No: _____

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, 2012. If paying with a VISA, MASTERCARD or DISCOVER card, please provide 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 ADDRESS

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

WORK/DIRECTORY ADDRESS

Title: _____
Employed by: _____
Agency: _____
Street: _____
City: _____
State: _____ Zip: _____
Work phone: _____
Fax Number: _____
Cell Number: _____

MAILING ADDRESS: Home Address
 Work Address

Email Address: _____

The Digest and Directory are available at www.csdiai.net and is password protected.

Please fill in the following:

- Are you actively employed with a law enforcement agency? Yes No
- Are you currently a member of the IAI Parent Body? Yes No If yes, member number _____
- Are you interested in serving on a committee? Yes No If yes, which one _____
- If currently serving on a committee., which one _____
- Are you an IAI Certified Latent Print Examiner? Yes No If yes, certificate number _____
- Are you certified by the IAI in Crime Scenes? Yes No If yes, indicate level _____
- Are you certified by the IAI in any other discipline(s)? Yes No If yes, indicate which one(s) _____

For Secretary-Treasurer's use only:

Date Received: _____ Check number: _____ Amount: _____

Comments: _____