



**CALIFORNIA STATE DIVISION**  
**International Association for Identification**  
**2018 Student Membership Invoice**  
**CURRENT MEMBERS ONLY**

**Membership Dues (Due January 1, 2018) - \$45.00**  
*Late Fee (Not received by February 1, 2018) - \$20.00*  
**Total with Late Fee - \$65.00**

California

**Make payment to CSDIAI and mail to:**  
 CSDIAI Secretary-Treasurer  
 Patrick Jacobs  
 1079 Sunrise Ave. Ste B-348  
 Roseville, CA 95661

**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 or the member will become delinquent and will be removed from the mailing list. Sub-Section C provides for a late fee of \$20.00 if received after that date. All delinquent members will be dropped from membership on April 30, 2018.

**Student members must not** be employed in the forensic science field (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.

If paying with a VISA, MASTERCARD, or DISCOVER card, provide the card number \_\_\_\_\_, expiration date \_\_\_\_\_, name on card \_\_\_\_\_, cvv code \_\_\_\_\_ (3 digit numerical on back of card), associated zip code \_\_\_\_\_. 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](http://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: \_\_\_\_\_