



CALIFORNIA STATE DIVISION
International Association for Identification
2018 Active and Associate 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
Cathy Kibbey
P.O. Box 299
Pismo Beach, CA 93448

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 \$20.00 if received after that date. All delinquent members will be dropped from membership on April 30, 2018. If paying with a VISA, MASTERCARD or DISCOVER card, please provide 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 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 employed within the forensic science community? 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: _____