



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
 Cathy Kibbey
 P.O. Box 299
 Pismo Beach, CA 93448

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 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: _____