



Membership Application

Minnesota Chapter

International Association of Arson Investigators

Type of membership sought: _____ Active* \$25.00
 _____ Associate \$25.00
 _____ Sustaining \$250.00

International Card Number:
 * _____

Ist Name:	<input type="text"/>	SS#:	<input type="text"/>
Middle:	<input type="text"/>	DateOfBirth:	<input type="text"/>
Last Name:	<input type="text"/>	HomeAddress:	<input type="text"/>
Title:	<input type="text"/>	HomeCity:	<input type="text"/>
Organization:	<input type="text"/>	HomeState:	<input type="text"/>
Work Address:	<input type="text"/>	HomeZip:	<input type="text"/>
Work City:	<input type="text"/>	HomePhone:	<input type="text"/>
Work State:	<input type="text"/>	Fax:	<input type="text"/>
Work Zip:	<input type="text"/>	E-Mail:	<input type="text"/>
Work Phone:	<input type="text"/>	CellularPhone:	<input type="text"/>
	Ext. <input type="text"/>	Pager:	<input type="text"/>

References

IAAI member in good standing:

Members signature: Date:

Have you ever plead guilty to, been convicted of, or forfeited bond in relation to a felony or any dishonest act?
 ___ Yes ___ No If yes, explain.

Please send mail to my: work address _____ home address _____

Applicant's Signature: _____ Date _____

Mail completed application along with check to: Membership Chair
 Minnesota Chapter IAAI
 PO Box 33
 Montgomery, MN 56069

Ck# _____ Amount _____ BCA Check _____ Date accepted by Membership _____