

International Association of Arson Investigators, Inc.
Application for Membership/Renewal – International / Florida Chapter

___ **New** ___ **Renewal** Joint Membership in International **AND** Florida Chapter - \$105.00 (paid by check or credit card)

___ **New** ___ **Renewal** Membership in **ONLY** the Florida Chapter IAAI - \$30.00 (paid by check or credit card)

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE International Association of Arson Investigators, Inc., and/or membership renewal in the Florida Chapter of the International Association of Arson Investigators, Inc., in accordance with their Constitution and By-Laws, and agree to be bound therewith. All information given by me is warranted to be true.

Name (last, first, mi.) _____ Date of Birth _____

Home Address _____

City _____ State/Province _____ Zip/Postal Code _____ County _____

Home Telephone () _____ E-Mail Address _____

Employer _____ Supervisor _____

Business Address _____ City _____ State/Province _____ County _____

Zip/Postal Code _____ Business Telephone () _____ Fax No. () _____

Occupational Affiliation

Public Service Private Investigation Insurance Engineering Scientist/Laboratory Legal

Primary Duty

Fire Investigator Forensic Accountant Chemist/Scientist Manager Instructor

Forensic Engineer _____ Attorney Other _____
(discipline)

Have you ever been convicted of a crime? Yes _____ No _____ If yes, explain offense and date/location of conviction

Have you ever been denied membership in, or had your membership suspended, or revoked by the IAAI, any affiliate Chapter, or any other fire service/law enforcement or other organization? Yes _____ No _____ If yes, please explain:

Note: a yes answer to either question above may affect your acceptance as a member of the International Association of Arson Investigators or the Florida Chapter.

Are you interested in serving on a Chapter Committee? Yes _____ No _____

Are you interested in delivering Chapter Training? Yes _____ No _____

Recommended by International member in good standing:

Member's Name _____ Int'l I.D. # _____ Date _____

Applicant's Signature _____ Date _____

Mail correspondence to: Home Business

Mail to:
Florida Chapter IAAI
PO Box 1177
Zephyrhills, FL. 33539

CREDIT CARD PAYMENT FOR IAAI & FL-IAAI

Credit Card Type: ___ Amex ___ Visa ___ MasterCard
Credit Card Account #: _____ Expires: _____
Name on Card: _____

Do you authorize your annual membership renewal dues to be automatically charged to this card? ___ yes ___ no Credit Card 3 digit Security Code (back of Card) _____

OFFICE USE ONLY

Rec: _____ PYT: _____ Logged _____ Changes Ckd _____ Card _____