

CALIFORNIA STATE DIVISION
INTERNATIONAL ASSOCIATION FOR IDENTIFICATION

I hereby make application for membership in the California State Division International Association for Identification. I have enclosed my first year's membership dues of \$45 along with a non-refundable application fee of \$5 for a total of \$50.

This is an application, NOT a renewal form for current members.

CHECK ONE: APPLICATION FOR **ACTIVE** MEMBERSHIP **ASSOCIATE** MEMBERSHIP

Personal Information

Employment Information

Name

Title

Address

Employer

City

Address

State

Zip Code

City

Home Phone #

State

Zip Code

Email

Work Phone #

Mailing Address (check one)

Cell Phone #

Home Work

IAI Parent body member No Yes Member #

Primary Duties of Employment

Signature of Applicant

Date

Recommended By (**please print**)

Member #

Phone # and EMAIL address of recommender

Make checks payable to CSDIAI and mail to:

CSDIAI Secretary-Treasurer, Patrick Jacobs
1079 Sunrise Ave. Ste B-348 Roseville, CA 95661

FTIN: 95-6078706

If paying with a VISA, MASTERCARD or DISCOVER card, provide name on card _____, card number

_____, expiration date _____, CVV Code _____ (3 digit numerical on back of card), ZIP Code _____.

FOR OFFICIAL USE ONLY

DATE RECEIVED

CHECK #

AMOUNT

NEW MEMBER #

Approved

Denied

Date

Rev 6-14-17