

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.

APPLICATION FOR STUDENT MEMBERSHIP

Personal Information

College/University Information

| | |
|----------------------------|----------------------------|
| Name _____ | College/Univ. _____ |
| Address _____ | Instructor _____ |
| City _____ | Department _____ |
| State _____ Zip Code _____ | Address _____ |
| Home Phone Number _____ | City _____ |
| Cell Phone Number _____ | State _____ Zip Code _____ |
| Email Address: _____ | |

Are you currently a member of the IAI parent body? No Yes If Yes, member # _____

| | |
|-------------------------------------|----------------|
| Signature of Applicant _____ | Date _____ |
| Recommended By (please print) _____ | Member # _____ |
| Recommender EMAIL: _____ | Phone: _____ |

Full-Time Student
 Part-Time Student
 # of Units Currently Taking _____
 Year Graduation Anticipated _____

(Instructor's Name) (Please print) _____ certify that the above named student is currently enrolled in the above named educational institution and/or in a forensics program, and is qualified as a student member as outlined above. **Contact will be made.**

Instructor's Phone Number _____

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 |
|-----------------|---------------|-------------|--------------------|