

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 #
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Approved	Denied	Date	Rev 6-14-17
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