



GEORGIA STATE DIVISION
INTERNATIONAL ASSOCIATION
FOR IDENTIFICATION



APPLICATION FOR MEMBERSHIP

Please complete and return to:
Georgia State Division, IAI
191 Davis Rd. Carrollton, GA 30116
ANNUAL FEE: \$30

I hereby make application for membership in the Georgia State Division, International Association for Identification in accordance with its Bylaws and Constitution and agree to be bound by them.

I am applying for: Active Membership Associate Membership
(defined on reverse)

PLEASE COMPLETE BOTH ADDRESSES. Check mailing preference	Name in Full: _____	Date of Birth: _____
	Employed by: _____	How long? _____
	In what capacity? _____	How long? _____
	<input type="checkbox"/> Business Address: _____	
	<input type="checkbox"/> Home Address: _____	
	Business Phone #- _____ Ext: _____ Fax #- _____	
	Home Phone #- _____ E-mail Address: _____	

1. Have you ever been convicted of a crime?
 NO
 YES (if yes, give full details on other side.)

2. I understand that application fees paid to the Association by any new applicant between January 1st and August 31st shall be applied to the membership dues for that calendar year only; fees paid by an applicant on or after September 1st shall be applied to the following calendar year.

3. All applications MUST be accompanied by payment of fees, which will be refunded if the application is rejected. *Incomplete applications will be returned.*

4. Also, I understand that my Membership Certificate is the property of the Division and must be returned to the Secretary upon my *resignation or suspension.*

Because this information will be used for compiling our Membership Directory, PLEASE be precise and complete ALL items.

Lapel Pin is optional. The cost is \$5.00

5. PLEASE NUMBER UP TO THREE AREAS OF YOUR EXPERTISE		
Indicate your primary discipline as Number 1, then other areas as 2 and 3.		
___ Bloodstain Pattern Analysis	___ Fingerprint Identification	___ Laboratory Analysis
___ Crime Scene Investigation	___ Forensic Art	___ Polygraph
___ Innovative/Gen. Techniques	___ Footwear/Tire Tracks	___ Questioned Documents
___ Firearms & Toolmarks	___ Forensic Photography/ Electronic Imaging	___ Voice Print & Acoustics

6. Recommended by: _____
Member's Name _____ Member's # _____

_____ Member's Address

_____ Recommender's Signature (Required) _____ Date

Approved: _____
Signature of Membership Committee Chairperson and Date

STATE DETAILS OF "YES" Answer to Question 1 below:

PERSONAL HISTORY

Degree and/or Honors and other Qualifications for Membership

MEMBERSHIP QUALIFICATIONS

ACTIVE MEMBERSHIP

Active membership of the Georgia State Division shall consist of heads of Bureaus of Identification or Investigation (including persons under their supervision who are engaged in the science of identification), heads of Police Departments, Chiefs of Detectives and Sheriffs, provided however, that the foregoing persons are bona fide employees of, and who receive salaries from National, State, County, or Municipal Governments, or some subdivision.

ASSOCIATE MEMBERSHIP

All reputable persons wholly or partially engaged in any of the various phases of the science of identification and who are not qualified for Active Membership are eligible to become Associate Members. They shall, in all respects, be subject to the same rights and privileges as Active Members, except that they shall not be entitled to the office of Vice President or President.

I certify that the information herein contained is true and correct to the best of my knowledge. Any omission or falsification of information will be a basis for rejection or denial of continued membership.

Applicant's Signature and Date: _____