



GEORGIA STATE DIVISION  
INTERNATIONAL ASSOCIATION  
FOR IDENTIFICATION



# APPLICATION FOR MEMBERSHIP

Please complete and return to:

GA IAI Treasurer Katrina Willis  
P.O. Box 688, Carnesville, GA 30521

For electronic payments, submit to: georgiadiivisionofiai@gmail.com

## ANNUAL MEMBERSHIP 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  Corporate Membership  
(defined below)

PLEASE COMPLETE  
BOTH ADDRESSES.  
Check mailing preference

Name in Full: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Employed by: \_\_\_\_\_ How long? \_\_\_\_\_  
In what capacity? \_\_\_\_\_ How long? \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 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 below.)

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

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.

4. Would you like to add a Lapel Pin for an additional \$5.00?

- YES
- NO

### 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.

**CORPORATE MEMBERSHIP**

Entities, which are wholly or partially engaged in the business of forensic identification. Membership may be granted to such entities as may be selected by the Board of Directors. Corporate members shall not be eligible to vote or hold office.

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: \_\_\_\_\_