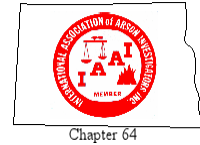


For Office Use Only	
Dues Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Background Check Completed?	<input type="checkbox"/> Yes
Membership #	ND -
Approval Date:	

# North Dakota Chapter International Association of Arson Investigators



**Return to:**  
**ND Chapter IAAI**  
**1655 American Way**  
**Fargo, ND 58103**



Are you currently a member of the I.A.A.I.?  yes  no      If yes, what is your membership # ? \_\_\_\_\_

**YOU MUST BE A MEMBER OF THE I.A.A.I. TO BE AN ACTIVE MEMBER OF THIS CHAPTER.**

### APPLICATION FOR MEMBERSHIP

(See back of application for definitions of "Active" and "Associate")

I hereby make application for ACTIVE ( ) or ASSOCIATE ( ) membership in the North Dakota Chapter of the International Association of Arson Investigators in Accordance with it's Constitution and By-laws, and agree to be bound therewith transmitting the **\$20.00** (U.S.) membership fee with this application. All information given by me is warranted to be true.

**PLEASE PRINT OR TYPE**

- 1. Name in Full \_\_\_\_\_
  - 2. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
  - 3. Employed By \_\_\_\_\_
  - 4. Position Held \_\_\_\_\_
  - 5. How Long? \_\_\_\_\_
  - 6. Business Address \_\_\_\_\_
  - 7. E-mail Address \_\_\_\_\_
- (please Include e-mail to receive chapter newsletter)
- 8. City \_\_\_\_\_
  - 9. State \_\_\_\_\_
  - 10. Zip \_\_\_\_\_
  - 11. Business Telephone ( ) \_\_\_\_\_
  - 12. Fax ( ) \_\_\_\_\_
  - 13. Cell Phone ( ) \_\_\_\_\_
  - 14. Home Address \_\_\_\_\_
  - 15. City \_\_\_\_\_
  - 16. State \_\_\_\_\_
  - 17. Zip \_\_\_\_\_
  - 18. Home Telephone ( ) \_\_\_\_\_
  - 19. Place of Birth (City) \_\_\_\_\_
  - 20. State of Birth \_\_\_\_\_
  - 21. State your qualifications for membership \_\_\_\_\_

- 22. References (name, address, telephone number, occupation) **TWO REFERENCES ARE REQUIRED**
- A. \_\_\_\_\_
- \_\_\_\_\_
- B. \_\_\_\_\_
- \_\_\_\_\_

**THIS APPLICATION MUST BE SIGNED BY A MEMBER IN GOOD STANDING AND ALL INFORMATION COMPLETED OR IT CANNOT BE ACCEPTED FOR CONSIDERATION.**

Signature of a Member in Good Standing \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail Correspondence to: Home \_\_\_\_\_ Business \_\_\_\_\_