

**International Association of Arson Investigators – Florida Chapter
Application for Membership/Renewal**

I HEREBY MAKE APPLICATION FOR MEMBERSHIP/RENEWAL in the International Association of Arson Investigators - Florida Chapter, in accordance with their Constitution and By-Laws, and agree to be bound therewith. All information given by me is warranted to be true.

Name (last, first, mi.) _____ Date of Birth _____

Home Address _____

City _____ State/Province _____ Zip/Postal Code _____ County _____

Home Telephone () _____ E-Mail Address _____

Employer _____ Supervisor _____

Business Address _____ City _____ State/Province _____ County _____

Zip/Postal Code _____ Business Telephone () _____ Fax No. () _____

Occupational Affiliation

Public Service Private Investigation Insurance Engineering Scientist/Laboratory Legal

Primary Duty

Fire Investigator Forensic Accountant Chemist/Scientist Manager Instructor

Forensic Engineer _____ Attorney Other _____
(discipline)

Have you ever been convicted of a crime? Yes _____ No _____ If yes, explain offense and date/location of conviction

Have you ever been denied membership in, or had your membership suspended, or revoked by the IAAI, any affiliate Chapter, or any other fire service/law enforcement or other organization? Yes _____ No _____ If yes, please explain:

Note: a yes answer to either question above may affect your acceptance as a member of the International Association of Arson Investigators or the Florida Chapter.

Are you interested in serving on a Chapter Committee? Yes _____ No _____

Are you interested in delivering Chapter Training? Yes _____ No _____

Recommended by Chapter member in good standing:

Member's Name _____ Date _____

Applicant's Signature _____ Date _____

Mail correspondence to: Home Business

Florida Chapter encourages all members to become a member with the International Association of Arson Investigators, Inc. In doing so, individuals per the International's By-laws, allows that member to vote in both organizations. Membership may be obtained by adding the additional payment below or you may choose to pay the International direct.

Florida Chapter Membership: (\$30.00) _____ NEW _____ RENEWAL \$30.00

International Membership: (\$100.00) _____ NEW _____ RENEWAL _____

TOTAL _____

Mail to:

Florida Chapter IAAI
P.O. Box 291981
Tampa, FL 33687

CREDIT CARD PAYMENT FOR MEMBERSHIP

Credit Card Type: ___ Visa ___ MasterCard Expires: _____

Credit Card Account #: _____ Security Code (back of card): _____

Name on Card: _____

Do you authorize your annual membership renewal dues to be automatically charged to this card?
_____ Yes _____ No

OFFICE USE ONLY: Rec: _____ Payment Method: _____ Logged: _____ Mailed Membership: _____

