

Membership Application Minnesota Chapter International Association of Arson Investigators

Type of membersh	ip sought:	Active* Associate Sustaining	\$25.00 \$25.00 \$ \$250.00	International Card Number: *
1st Name:			SS#:	
Middle:			DateOfBirth:	
Last Name:			HomeAddress:	
Title:			HomeCity:	
Organization:			HomeState:	
Work Address:			HomeZip:	
			HomePhone:	
Work City:			Fax:	
Work State:			E-Mail:	
Work Zip:			CellularPhone:	
Work Phone:		Ext.	Pager:	
References IAAI member in go	od standing:			
Members signature	<i>:</i>			Date:
Yes No If	yes, explain.		forfeited bond in relation home address	to a felony or any dishonest act?
Applicant's Signature:				Date
Mail completed app	lication along	M P	Membership Chair Minnesota Chapter IAAI P.O. Box 2066 nver Grove Heights, MN	55076

Ck#_____ Amount_____BCA Check_____Date accepted by Membership_____