KANSAS CHAPTER
INTERNATIONAL ASSOCATION OF ARSON INVESTIGATORS

MEMBERSHIP AND RENEWAL APPLICATION FORM

ALL MEMBERSHIPS ARE VALID FROM JANUARY 1 TO DECEMBER 31. THE ANNUAL DUES ARE $20.00 A YEAR.

Name: _____
(type or print) Last First M.I. D.O.B.

Home address: _____
Number Street City State ZIP

Home Phone: _____ Business Phone: _____

Fax: _____ Cellular Phone: _____

Email Address: _____

Department/ Agency representing: _____
(As it relates to fire investigation)

Address: _____
Number Street City State Zip

Mailing Address: ☐ HOME ☐ BUSINESS

Present occupation or position: _____

Are you a member of the I.A.A.I. ? ☐ YES ☐ NO IF yes, Member No. _____
If you are not a member of I.A.A.I you will be classified as an Associate member.

Are you a past member of the Kansas chapter-I.A.A.I.? ☐ YES ☐ NO if yes member No: _____

Are you an I.A.A.I.- CFI? ☐ Yes ☐ No If yes, member no: _____

Recommended by: _____ Member No:_____
(*Please Print)*

"I do herby make application for membership into the Kansas Chapter of the International Association of Arson Investigators, in accordance with the Constitution and By-Laws, and I agree to be bound therewith. I am transmitting $20.00 for annual dues with this form."

Signed _____ Date submitted:_____

Membership applications will be presented for approval at the next regular meeting of the BOD after receipt of dues by the Membership Chair.

Return this application to: (Make checks payable to KCIAAI)

KCIAAI
Post Office Box 782738
Wichita, Kansas 67278

FOR OFFICE USE ONLY

Date Rec"d _____

Check No: _____

Card No: _____