Missouri Division



of the

International Association for Identification

##### Membership Application Form

##### Please remit $25.00 with this form (this amount includes the $20 yearly dues and the initial application fee of $5). Checks must be made payable to: Missouri IAI

##### Return to: MO IAI Treasurer

##### PO BOX 104882

##### Jefferson City MO 65110

I hereby make application for Active ( ), Associate ( ) membership in the Missouri Division of the International Association for Identification, in accordance with its Constitution and By-Laws, and agree to be bound therewith. All applications must be accompanied by an initiation fee of $5.00 and the yearly dues of $20.00 for Active or Associate membership, the same to be refunded if this application is rejected.

**Name (in full):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last First MI**

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Unit or Division of Assignment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency/Business Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Length of Employment:** \_\_\_\_\_\_\_\_

**Work Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Phone:** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Home Phone:** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work E-Mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home E-Mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever been convicted of a crime? NO ( ) YES ( ); If yes, please explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_

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**State your qualifications for membership. (Please read the qualifications below)**

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### QUALIFICATIONS FOR ACTIVE MEMBERSHIP

The Active Membership of the Division shall consist of heads of Bureau of Identification (including persons under their supervision) who are engaged in the science of identification, heads of police departments, chiefs of police, chiefs of detectives, and sheriffs; provided however the forgoing are bona-fide employees of, and received salaries from, a national, state, county or municipal government, or some subdivision thereof, or who are active members of the parent body.

### QUALIFICATIONS FOR HONORARY ASSOCIATE MEMBERSHIP

The Associate Membership shall be open to all reputable persons, wholly or partially engaged in any of the various phases of the science of identification, who are not qualified for Active Membership. Such members shall in all respects be subject to the same rules, fees and charges as Active Members and shall be entitled to the same rights and privileges, except that they shall not be entitled to election as an Officer of the Division. When applying for Associate Membership the applicant must state the phase of the science of identification in which he or she is qualified.

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_

**Recommended by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Member Number: \_\_\_\_**\_\_

**At present, are you a member of the parent body of the IAI? NO ( ) YES ( ); If Yes, please state your Member Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_