



**APPLICATION FOR MEMBERSHIP**

North Carolina Chapter  
 International Association of Arson Investigators  
 12 Northwood Road  
 Asheville, North Carolina 28804  
 (828) 258-2975  
 TAXPAYER I.D. #: 56-1716870

**FOR OFFICE USE ONLY**

Approved  Yes  No

Approval Date: \_\_\_\_\_

I hereby make application for  ASSOCIATE or  ACTIVE membership in the North Carolina Chapter of the International Association of Arson Investigators. I have enclosed the required \$20.00 application fee. (Make checks payable to the NCIAAI). Please forward completed application along with application fee to address listed above.

**PLEASE PRINT OR TYPE THIS APPLICATION**

Applicants Full Name		Year of Birth	Last 4 digits of S.S.N. ____ _		Occupation Affiliation
Employer		Title or Position		Supervisor's <u>Name and Phone Number</u>	
Home Address		City	State	County	Postal Zip Code
Business Address		City	State	County	Postal Zip Code
Email Address (email address you wish to receive email) _____ @ _____					
Home Telephone Number ( )		Business Telephone Number ( )			
Preferred Mailing Address (Check only one) <input type="checkbox"/> Home <input type="checkbox"/> Business			Preferred Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Business		
Certified Fire Investigator (CFI) <input type="checkbox"/> NC State Fire & Rescue Commission Certified <input type="checkbox"/> International Association of Arson Investigators					
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the charge(s) and date of conviction(s). Use additional page if necessary.					
Professional Reference (Full Name)			Contact Number ( )		
Personal Reference (Full Name)			Contact Number ( )		
Recommended by NCIAAI Member in good standing (REQUIRED for processing)					
NCIAAI Members Signature _____				Date _____	
I hereby attest that the information provided on this NCIAAI Application for Membership is true and accurate.					
Applicant's Signature _____				Date _____	