



APPLICATION FOR MEMBERSHIP

North Carolina Chapter
 International Association of Arson Investigators
 12 Northwood Road
 Asheville, North Carolina 28804
 (828) 255-5087
 (828) 232-4191 FAX
 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 NCIAAD). 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 Name and Phone Number	
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 ()		Fax 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 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 _____					