



MEMBERSHIP UPDATE FORM

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

<i>FOR OFFICE USE ONLY</i>
Date Changed: _____
Changed By: _____

NOTE: COMPLETE ONLY THOSE ITEMS THAT HAVE CHANGED. Mail completed form to the above listed address.

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		
Home Address	City	State	County	Postal Zip Code	
Business Address	City	State	County	Postal Zip Code	
Home Telephone Number ()	Business Telephone Number ()		Fax Number ()		
Email Address _____@_____					
Preferred Mailing Address (Check only one) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Via Email			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 _____	