



**MEMBERSHIP UPDATE FORM**

North Carolina Chapter  
 International Association of Arson Investigators  
 69 Verzaal Ln.  
 Rocky Point, NC 28457  
 (910) 604-0826  
 E-mail: tommybatsonnciaai@gmail.com  
 TAXPAYER I.D. #: 56-1716870

|                                   |
|-----------------------------------|
| <b><i>FOR OFFICE USE ONLY</i></b> |
| 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 FORM**

|   |                                  |               |   |                        |  |
|---|----------------------------------|---------------|---|------------------------|--|
| Applicants Full Name  |                                  | Year of Birth | Last 4 digits of S.S.N.<br>____ _   | 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<br>( )  | Business Telephone Number<br>( ) |               | Cell Number<br>( )  |                        |  |
| Email Address<br>_____@_____  |                                  |               |   |                        |  |
| Preferred Mailing Address (Check only one)<br><input type="checkbox"/> Home <input type="checkbox"/> Business   |                                  |               | Preferred Telephone Number<br><input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell |                        |  |
| Certified Fire Investigator (CFI)<br><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<br>If yes, indicate the charge(s) and date of conviction(s). Use additional page if necessary.  |                                  |               |   |                        |  |
| Professional Reference (Full Name)  |                                  |               | Contact Number<br>( )   |                        |  |
| Personal Reference (Full Name)  |                                  |               | Contact Number<br>( )   |                        |  |
| Recommended by NCIAAI Member in good standing<br>NCIAAI Members Signature _____ Date _____  |                                  |               |   |                        |  |
| I hereby attest that the information provided on this NCIAAI Application for Membership is true and accurate. I release the NCIAAI and all persons and parties from any liability arising from and/or relating to this application or any decision process relating in any way to this application. |                                  |               |   |                        |  |
| Applicant's Signature _____ Date _____  |                                  |               |   |                        |  |