



## MEMBERSHIP UPDATE FORM

North Carolina Chapter  
 International Association of Arson Investigators  
 12 Northwood Road  
 Asheville, North Carolina 28804  
 (828) 258-2975  
 E-mail: msfire21@gmail.com  
 TAXPAYER I.D. #: 56-1716870

***FOR OFFICE USE ONLY***

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. ____ _	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 ( )		Cell Number ( )	
Email Address _____@_____				
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 <input type="checkbox"/> Cell		
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. 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 _____				