



**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

**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 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			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 _____	