

**Missouri Division of the  
International Association for Identification**

**Membership Application Form**

Please remit \$25.00 with this form (this amount includes the \$20.00 yearly dues and initial application fee of \$5.00).

I hereby make application for Active / Associate membership in the Missouri Division of the International Association for Identification, in accordance with its Constitution and By-Laws, and agree to be bound therewith.

All applications must be accompanied by an initiation fee of \$5.00 and yearly dues of \$20.00 for Active or Associate membership, the same to be refunded if this application is rejected.

Last Name:	First Name:	MI:	Member Number:
Agency/Business Name:	Length of Employment:		
Unit or Division of Assignment:	Title:		
Work Address:	City/State/ZIP:		
Home Address:	City/State/ZIP:		
Work Phone:	Work E-mail:		
Home Phone:	Home E-mail:		
Have you ever been Convicted of a crime?	NO	YES	
If yes, please explain:			
State your qualifications for membership (Please read the qualifications below):			

**Qualifications of Active Membership**

The Active membership of the Division shall consist of heads of Bureau of Identification (including persons under their supervision) who are engaged in the science of identification, heads of police departments, chiefs of police, chiefs of detectives, and sheriffs; provided however the forgoing bona-fide employees of, and received salaried from, a national, state, county, or municipal government, or some subdivision thereof, or who are active members of the parent body.

**Qualifications for Honorary Associate Membership**

The Associate Membership shall be open to all reputable persons, wholly or partially engaged in any of the various phases of the science of identification, who are not qualified for Active membership. Such members shall in all respects be subject to the same rules, fees, and charges as Active members and shall be entitled to the same rights and privileges, except that they shall not be entitled to election as an Officer of the Division. When applying for Associate membership, the applicant must state the phase of science of identification in which he or she is qualified.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_  
At Present, are you a member of the parent body of the IAI? NO YES  
If Yes, please state your Member Number: \_\_\_\_\_

**Pay by Check:**

Make checks payable to MO IAI  
Remit Payment to: MO Division of the IAI - Treasurer  
PO Box 10276  
Columbia, MO 65205

**Pay by Credit Card:**

Circle Card Type: MC/Visa/Discover	Exp. Date:	Credit Card #
Billing Zip Code:	3-Digit Security Number:	