

**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: _____

Agency/Business Name: _____

Unit or Division of Assignment: _____ Title: _____

Phone: _____

Work Email: _____ Home Email: _____

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: _____