

Chesapeake Bay Division
International Association for Identification



2024 DUES NOTICE AND INFORMATION UPDATE FORM

Federal Tax EIN 52-2081374

Please complete this form and return it with a check or credit card form for **\$40.00** for your **2024 DUES**. Your membership card will be sent to you. Do you need a receipt with your membership card? YES NO

If you would like to contribute to the Tax-Deductible CBD Scholarship Fund, please indicate the amount contributed and enclose your check for that amount. A receipt will be sent to you. \$

Please include only changes on this form. If there are no changes, you need only provide your name.

NAME: _____
EMPLOYED BY: _____ IN WHAT CAPACITY /TITLE: _____
BUSINESS ADDRESS: _____
CITY: _____ STATE: _____ ZIP + 4: _____
BUSINESS PHONE: _____ EXT. _____ FAX: _____
RETIRED FROM: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP + 4: _____
HOME PHONE: _____ CELL PHONE: _____
WORK E-MAIL: _____ HOME E-MAIL: _____

WHERE DO YOU WANT YOUR CBD-IAI MATERIAL MAILED: WORK HOME
WHERE DO YOU PREFER TO HAVE CBD E-MAILS SENT: WORK HOME
(Please keep in mind some Departments/Offices block e-mails with some attachments.)

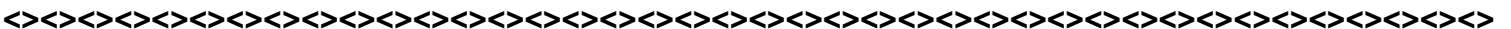
DO YOU WANT PUBLISHED:	HOME ADDRESS:	YES	NO
	HOME PHONE:	YES	NO
	CELL PHONE:	YES	NO
	WORK E-MAIL:	YES	NO
	HOME E-MAIL:	YES	NO

Areas of Special Forensic Knowledge

Please number up to three of your Areas of Special Forensic Knowledge, with primary discipline as 1, then other areas as 2 & 3.

_____ BPA (Bloodstain Pattern Analysis)	_____ FA/TM (Firearms/Toolmarks)	_____ LA (Laboratory Analysis)
_____ CS (Crime Scene Investigation)	_____ FO (Forensic Odontology)	_____ LP (Latent Fingerprint)
_____ DE (Digital Evidence)	_____ FW/TT (Footwear/Tire Track)	_____ FPOD (Forensic Podiatry)
_____ FA (Forensic Art)	_____ GF (General Forensics)	_____ QD (Questioned Documents)
_____ FPH/EI (Forensic Photography/Electronic Imaging)		_____ TP (Tenprint Fingerprint Identification)
		_____ ANTHRO (Forensic Anthropology)

Certified by the IAI? Yes No List Discipline(s) if you are:



INC. MONEY _____ D/B UPDATE _____ MEM. CARD SENT _____

PLEASE RETURN COMPLETED FORM TO: CBD-IAI
SECRETARY/TREASURER
P.O. Box 7740
Henrico, VA 23255
E-MAIL: cbdiasec@gmail.com

Payment Information

Check Enclosed (make payable to CBD-IAI)

Charge to Credit Card



Credit Card Number: _____ Expiration Date: _____ Security Code: _____

Name as it Appears on Card: _____

Billing Address: _____

Signature: _____