

Chesapeake Bay Division  
International Association for Identification



**2026 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 **2026 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.)

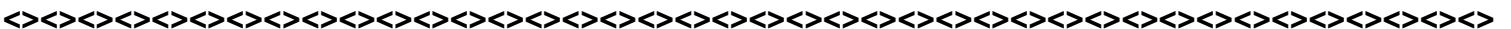
DO YOU WANT PUBLISHED: HOME ADDRESS: YES NO  
HOME PHONE: YES NO  
CELL PHONE: YES NO  
WORK E-MAIL: YES NO  
HOME E-MAIL: YES NO

**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](mailto: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: \_\_\_\_\_