Chesapeake Bay Division
International Association for Identification

LIFE MEMBER 2026 PERSONAL INFORMATION FORM

PLEASE COMPLETE THIS FORM AND RETURN IT IF THERE IS ANY CHANGES TO YOUR INFORMATION AS LISTED IN THE 2024 MEMBERSHIP DIRECTORY. PLEASE INCLUDE ONLY CHANGES ON THIS FORM.

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. $______________

NAME:____

EMPLOYED BY:____

RETIRED FROM: ____

IN WHAT CAPACITY / TITLE:____

BUSINESS ADDRESS:____

CITY:______________________**STATE:**__________**ZIP + 4:**______________

BUSINESS PHONE:______________________ **EXT.** ________**FAX:**______________

HOME ADDRESS:____

CITY:______________________**STATE:**__________**ZIP + 4:**______________

HOME PHONE:______________________**CELL PHONE:**______________________

WORK E-MAIL:______________________ **HOME E-MAIL:**______________________

WHERE DO YOU WANT YOUR CBD-IAI MATERIAL SENT: 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)
______ CS (Crime Scene Investigation)
______ DE (Digital Evidence)
______ FA (Forensic Art)
______ FPH/EI (Forensic Photography/Electronic Imaging)
______ FA/TM (Firearms/Toolmarks)
______ FO (Forensic Odontology)
______ FW/TT (Footwear/Tire Track)
______ GF (General Forensics)
______ LA (Laboratory Analysis)
______ LP (Latent Fingerprint Identification)
______ FPOD (Forensic Podiatry)
______ QD (Questioned Documents)
______ TP (Tenprint Fingerprint Identification)
______ ANTHRO (Forensic Anthropology)

Certified by the IAI? (List Discipline if you are.) Yes ☐ No ☐ Parent Body Membership Number ________

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D/B UPDATE:_________ **ROSTER:** _________ **E-MAIL:** ____________________

PLEASE RETURN COMPLETED FORM TO: CBD-IAI
OFFICE OF THE SECRETARY/TREASURER
P. O. BOX 7740
Henrico, VA 23255
E-MAIL: cbdiaisec@gmail.com