

Chesapeake Bay Division
International Association for Identification



2020 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 **2020 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 38369
Henrico, VA 23231
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: _____