<u>Chesapeake Bay Division</u> International Association for Identification



LIFE MEMBER 2024 PERSONAL INFORMATION FORM

PLEASE COMPLETE THIS FORM AND RETURN IT IF THERE IS ANY CHANGES TO YOUR INFORMATION AS LISTED IN THE 2023 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 MAT	ERIAL SENT:	WORK	НОМЕ
WHERE DO YOU PREFER TO HAVE CBD E-I (Please keep in mind some Departments		WORK e-mails with sor	HOME ne attachments.)
DO YOU WANT PUBLISHED: HOME ADD HOME PHO CELL PHO WORK E-M HOME E-M	ONE: YES NE: YES AIL: YES	NO NO NO NO 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) CS (Crime Scene Investigation) FO (Forensic Odontology) DE (Digital Evidence) FW/TT (Footwear/Tire Track) FA (Forensic Art) GF (General Forensics) PH/EI (Forensic Photography/Electronic Imaging) TP (Tenprint Fingerprint Identification)			
Certified by the IAI? (<u>List Discipline</u> if you	are.) Yes	No	ANTHRO (Forensic Anthropology) Parent Body Membership Number
			:><><><><><><><><><><><><><><><><><><><
PLEASE RETURN COMPLETED FORM TO	OFFICE OF T P. O. BOX 774 Henrico, VA 2		TREASURER