

**Chesapeake Bay Division**  
**International Association for Identification**



**LIFE MEMBER 2023 PERSONAL INFORMATION FORM**

PLEASE COMPLETE THIS FORM AND RETURN IT IF THERE IS ANY CHANGES TO YOUR INFORMATION AS LISTED IN THE 2022 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)                | _____ FA/TM (Firearms/Toolmarks)  | _____ LA (Laboratory Analysis)                 |
| _____ CS (Crime Scene Investigation)                   | _____ FO (Forensic Odontology)    | _____ LP (Latent Fingerprint Identification)   |
| _____ 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? (List Discipline if you are.) Yes                  No                  Parent Body Membership Number \_\_\_\_\_

D/B UPDATE: \_\_\_\_\_ ROSTER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PLEASE RETURN COMPLETED FORM TO:    CBD-IAI  
OFFICE OF THE SECRETARY/TREASURER  
P. O. BOX 71804  
Henrico, VA 23255  
E-MAIL: [cbdiaisec@gmail.com](mailto:cbdiaisec@gmail.com)