

Chesapeake Bay Division International Association for Identification



APPLICATION FOR MEMBERSHIP

SEND TO: CBD-IAI OFFICE OF THE SECRETARY-TREASURER
P.O. Box 38369 Henrico, VA 23231
E-MAIL: cbdiaisec@gmail.com

Federal Tax ID #52-2081374

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE CHESAPEAKE BAY DIVISION-INTERNATIONAL ASSOCIATION FOR IDENTIFICATION, TRANSMITTING THE FOLLOWING AMOUNT WITH THIS APPLICATION:

\$40.00 Annual Dues
\$5.00 Application Fee (Non-refundable)
\$45.00 TOTAL

(All applications MUST be accompanied by \$45.00, \$40.00 to be refunded if application is rejected.)

SUSTAINING LIFE MEMBERSHIP: \$400.00 (Never pay dues again)

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 / STUDENT OF * _____

*(IF YOU ARE A STUDENT PLEASE GIVE NAME OF SCHOOL, NOT WHERE YOU MIGHT BE WORKING WHILE A STUDENT)

HOW LONG _____

TITLE _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP+4 _____

BUSINESS PHONE _____ EXT. _____ FAX _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP+4 _____

HOME PHONE _____ CELL PHONE _____

WORK E-MAIL ADDRESS _____

HOME E-MAIL ADDRESS _____

CONTINUED ON BACK

PLEASE DO NOT WRITE BELOW THIS LINE

ACTIVE # _____ ASSOCIATE # _____

WHERE DO YOU WANT CBD-IAI MATERIAL MAILED? HOME BUSINESS

WHERE DO YOU PREFER TO HAVE CBD E-MAILS SENT? HOME BUSINESS
(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

State your qualifications for membership: (Before answering this question, please read qualifications for membership below.)

Degrees and honors:

Have you ever been convicted of a crime? Yes No (If yes—state full details on the last page.)

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 and #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? Yes No List Specific Discipline(s) if you are: _____

SIGNATURE OF APPLICANT

DATE

Recommended by CBD Member: _____ Member Number: _____
(Printed name)

(Signature of Member making recommendation) _____
(REQUIRED)

ACTIVE MEMBERSHIP – Active Membership of the Division shall consist of persons whose primary job duties are that of an examiner, analyst, practitioner or supervisor in the forensic sciences. Active members shall not lose their status because of retirement or change of position, so long as they remain in good standing.

ASSOCIATE MEMBERSHIP – All reputable persons fully or partially engaged in any of the various phases of the science of forensic identification, and who are not qualified for Active Membership; or students enrolled in forensic science studies, are hereby eligible to become Associate Members. They shall, in all respects, be subject to the same rules, fees and charges, and entitled to the same rights and privileges, as Active Members, except that they shall not be entitled to election to the offices of President, Vice-President or Secretary/Treasurer.

Statement of Convicted Crime