



Maine Chapter of the International Association of Arson Investigators



Membership Application

Personal Information

Last Name First Name: Middle:

Home Mailing Address:

City / Town: State: Zip Code:

e-mail address: (Home) (Work):

Home Telephone: ( ) Work Telephone: ( )

Pager Number: ( ) Cellular Telephone: ( )

Date of Birth: Previous Maine Chapter Member?: IAAI Member?:

Professional Information:

Employer:

Work Mailing Address:

City / Town: State: Zip Code: Title:

Police or Fire Department Affiliation:

Department Address:

City / Town: State: Zip Code: Title:

Indicate preference for mailings: (home or work) e-mail to use (home or work)

References:

Name: Address:

Telephone: Association:

Name: Address:

Telephone: Association:

Name of Sponsoring Maine Chapter Member:

Signature of Applicant: Date:

\*\*\*\*\* (For office use only) \*\*\*\*\*

Table with 5 columns: Date Received, Cash/Check, Check#, Card Issued, By-Laws Issued

Checks Payable to: Maine Chapter I.A.A.I \$40.00 Annual dues P.O. Box 1101 Auburn, Maine 04211-1101