

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	Previous Maine Chapter Member?: IAAI Member?:			
	Profession	al Information:			
Employer:			-		
Work Mailing Address:					
City / Town:	State:	Zip Code:	Title:		
Police or Fire Department Affil	iation:				
Department Address:					
City / Town:	State:	Zip Code:	Title:		
Indicate preference for mailings: (home or work)		e-mail to use (home or work)			
Nama		erences:			
Name: Address:					
Telephone:	one: Association:				
Name:	Address:				
Telephone: Association:					
Name of Sponsoring Maine Cha	apter Member:				
Signature of Applicant:	Date:				
********	*************(For office us	e only)**********	******	******	
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