



Massachusetts Chapter International Association of Arson Investigators, Inc.



APPLICANT INFORMATION			
I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE MASSACHUSETTS CHAPTER OF INTERNATIONAL ASSOCIATION OF ARSON INVESTIGATORS.			
Name:			
Date of birth:	Phone:	Email:	
Current address:			
City:	State:	ZIP Code:	
<i>Mailing Address If Different From Above:</i>			
Mailing address:			
City:	State:	ZIP Code:	
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:			
City:	State:	ZIP Code:	Phone:
Position:		How long?	
CURRENT CERTIFICATIONS & MEMBERSHIPS:			
IAAI MEMBER: YES <input type="checkbox"/> NO <input type="checkbox"/>	CFI: YES <input type="checkbox"/> NO <input type="checkbox"/>	FIT: YES <input type="checkbox"/> NO <input type="checkbox"/>	ECT: YES <input type="checkbox"/> NO <input type="checkbox"/>
IAAI #:	CFI #:	FIT #:	ECT #:
REFERENCES:			
Name:	Address:	Phone:	Occupation:
1.			
2.			
RECOMMENDED BY MEMBER IN <i>GOOD STANDING</i>:			
Name (Print):		Telephone:	
Signature of Sponsoring Member:			
I AUTHORIZE THE VERIFICATION OF THE ABOVE, AND ATTEST IT IS TRUE AND ACCURATE			
Signature of applicant:			Date:
FOR OFFICE USE ONLY			
Approved:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	Date:



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1. Fee for applying for membership to the MA-IAAI: \$35

2. Make check payable to

MA-IAAI MA-IAAI

**3. Mail to the following
address:**

**P.O. BOX 1874
LOWELL, MA 01853**