



APPLICATION FOR MEMBERSHIP

Central Illinois Fire Investigators Association

I hereby make application for active membership in the Central Illinois Fire Investigators Association in accordance with its constitution and by-laws, and agree to be bound therewith. I am transmitting \$10.00 with this application for annual dues. All information given by me is warranted to be true.

PLEASE PRINT OR TYPE:

1. Name _____ 2. Date of Birth _____
(Last) (First) (MI)

3. Home Address _____

4. City _____ 5. State _____ 6. Zip _____

7. Home Phone () _____ 8. E-mail Address _____

9. Employed By _____ 10. Business of employer _____

11. In What Capacity _____ 12. How Long _____

13. Business Address _____ 14. Phone () _____

15. City _____ 16. State _____ 17. Zip _____

18. Send Mail To: (check one) Business Address _____ Home Address _____

19. State Your Qualifications for Membership: _____

20. References: (name, address, phone number, and occupation of each)

A. _____

B. _____

C. _____

21. Applying for () Active Membership () Associate Membership

NOTE: Applicants residing outside the boundaries of the Association are eligible for associate membership only. The boundaries are the same as those of the Illinois Chapter I.A.A.I., Central Zone.

Recommended By Member In Good Standing:

Member's Signature _____ Date _____

Applicant's Signature _____ Date _____

Date Application Received _____ () Application Approved () Rejected

Membership Chairman _____ Date _____