

Complete and Return to:
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**Florida Division of the
 International Association
 for Identification**

APPLICATION FOR MEMBERSHIP

I am applying for: **Active Membership**
 Associate Membership
 Student Membership

Annual Dues:
 \$ 35 Annual Membership Dues
 \$ 5 Initial Fee (non-Refundable)
 \$ 40 Total First Year Dues

Membership # _____
 Date Received _____
 Amount Received _____
 Date Accepted _____

I hereby make application for membership in the Florida Division of the International Association for Identification, in accordance with its Constitution and By Laws, and agree to be bound therewith.

All applications must be accompanied by annual dues payment which will be refunded if the application is rejected

Name in full _____
 Agency Name: _____
 Business Title _____ E-Mail Address: _____
 Business Address _____ County _____
 Home Address _____
 Business Telephone _____ Ext: _____ FAX _____ Home Telephone _____

1. Have you been convicted of a felony or a crime involving moral turpitude? Yes No (If yes, provide details on separate sheet).

Please indicate up to three (3) of the following disciplines in which you are involved. If OTHER-please describe:

Please number your disciplines from 1 to 3 with 1 being your primary discipline

<input type="checkbox"/> Latent Print Identification	<input type="checkbox"/> Tenprint Fingerprints	<input type="checkbox"/> Laboratory Analysis
<input type="checkbox"/> Forensic Photography	<input type="checkbox"/> Firearms/Toolmarks	<input type="checkbox"/> Questioned Documents
<input type="checkbox"/> Crime Scene Investigation	<input type="checkbox"/> Forensic Art	<input type="checkbox"/> Other _____

2. Employed by: _____

3. In what capacity: _____ How long? _____

4. State your qualifications for membership: (Before answering this question, please read qualifications for membership below). For more space attach additional page (s). _____

5. Member of the I.A.I. Yes No

6. Highest Education Level Achieved: H.S. A.A. B.A./B.S. M.S./M.A. Ph.d.

7. Other degrees or honors: _____

Recommended by: _____ Member No. _____

(Signature of member in good standing)

Print name of member making recommendation: _____

Applicant Signature _____ **Approved** _____
 Regional Director or Committee Chairman

MEMBER QUALIFICATIONS

ACTIVE MEMBERSHIP: The active membership of the FDIAl shall consist of persons who are engaged in the science of identification and who are bona-fide employees of and are receiving salaries from National, State, County or Municipal Governments, or some sub-division thereof, and who are actively engaged in the practice of the profession.

ASSOCIATE MEMBERSHIP: All reputable persons, wholly or partially engaged in any of the various phases of the science of identification and who are not qualified for active membership, are 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 of Active Members, except they shall not be entitled to vote or hold office.

STUDENT MEMBERSHIP: All reputable persons who are students at an accredited college or university and cannot already be a member of the association. The individual must include with the application a valid and current student identification card or a letter, on a college letterhead, from a professor or instructor verifying that the individual is qualified for student membership. Student members may not vote or hold any office within the organization.

PAYMENT INFORMATION

Total Amount Due: \$ \$40.00 Check Enclosed Make Checks Payable to **FDIAI**

Charge to my Credit Card Name on Card _____

Credit Card Nbr _____ Exp Date: _____ CCV Code _____

Billing Address: _____

Signature _____

You may apply online using a credit card at <https://www.fdi.ai.org>