

PLEASE PRINT OR TYPE **APPLICATION FOR MEMBERSHIP – IOWA CHAPTER – IAAI**

NAME: \_\_\_\_\_  
LAST FIRST MI SSN DATE OF BIRTH

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

EMPLOYER: \_\_\_\_\_ TITLE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
AREA CODE AREA CODE

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
AREA CODE

Are you a member of International IAAI?  YES  NO Have you ever been convicted of a felony?  YES  NO

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE IOWA CHAPTER OF THE INTERNATIONAL ASSOCIATION OF ARSON INVESTIGATORS IN ACCORDANCE WITH ITS CONSTITUTION AND BY-LAWS AND AGREE TO BE BOUND THEREWITH, (SEE BELOW AND COMPLETE).

Enclose check for \$30.00 payable to: IOWA CHAPTER IAAI

Send to: Iowa Chapter IAAI  
 Attn. Becky Nelson  
 P.O. Box 177  
 Malcom, IA 50157

FOR OFFICE USE ONLY			
YEAR	NUMBER	YEAR	NUMBER

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
RECOMMENDED BY MEMBER IN GOOD STANDING

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE MEMBERSHIP #

**PLACE X IN BOX OF APPROPRIATE MEMBERSHIP AND SECTION**

**ACTIVE MEMBERSHIP:** Any representative of government or a governmental agency and any representative of a business or industrial concern who is engaged in some phase of the suppression of arson at the time he/she makes application shall be eligible to active membership in appropriate section, on application, provided such person possesses the other qualifications for membership, in discretion of the membership committee and provided such person is not less than eighteen (18) years of age at the time he/she makes application.

**ASSOCIATE MEMBERSHIP:** Persons not qualified for active membership may become associate members, after determination of their qualifications by the membership committee. NOTE: All applications for active or associate membership, if accepted, will be on temporary status until the next meeting of the Board of Directors. During this temporary status period, a person's membership may be revoked at the discretion of the Board of Directors. If the application is not rejected by the "Board" at their next meeting, full membership is automatically granted.

Please select the section(s) which most accurately describes your job duties:

- Detection:** Actively engaged in suppression and/or determining fire origin and cause
- Investigation:** Actively engaged in on-the-scene arson investigation (a primary paid assignment)
- Prosecution:** Actively engaged as the attorney either criminally prosecuting, or defending insurance companies' denials of arson claims.
- Insurance:** Any individual actively employed by/for an insurance company to adjust, investigate, or supervise fire losses under the terms of an insurance contract.

STATE YOUR QUALIFICATIONS FOR MEMBERSHIP AND SECTION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_