



Missouri Chapter International
 Association of Arson Investigators
 Application for Membership



I hereby make application for membership of the Missouri Chapter International Association of Arson Investigators in accordance with it's Constitution and By-Laws and agree to be bounded therewith. I am transmitting dues of \$20.00 with this application. All information given by me is warranted to be true.

Please Print or Type all information

Name in full: _____ Date of Birth: ____ - ____ - ____

Employer: _____ Position or Title _____

Business: _____

Address: _____ Zip: _____

Work Phone (____) ____ - ____ Home Phone: (____) ____ - ____

Mailing Address: _____

E-Mail _____ @ _____

Street: _____

City: _____ State: _____ Zip: _____

Place of Birth: _____ Social Security No. _____

IAAI Members Number: _____

Have you ever been convicted of a crime? _____ If yes, explain:

Qualifications for Membership:

Reference Name, Address, Phone & Occupation:

1. _____

2. _____

Recommended by Missouri IAAI Member? Please give name.

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 Applicant's Signature and Date

Mail to:

**Mo Chapter IAAI
Mike Huffman, Director
St. Louis County Police Dept.
9008 Windom Ave.
Overland, MO 63114-4755**