



Oklahoma Division of the International Association for Identification

Application for Membership

Send application to:
Oklahoma Division of IAI
Attn: Sherri J. Wallace, (Treasurer)
412 Ox Bow Court
Ardmore, OK 73401
E-mail: swallace@ardmorecity.org

Application fee is \$30.00. If approved, this fee will be applied to the first year dues. New Website Address: www.theokiai.org. (Application form can be downloaded from the website).

I hereby make application for Active / Student membership in the Oklahoma State Division of the International Association for Identification, in accordance with its Constitution and Bylaws.

NAME: _____ Date of Birth: ____/____/____
(First) (Middle Initial) (Last) (Mo./Day/Yr.)

PLACE OF BIRTH: _____
(City/State/Country)

ADDRESS (RESIDENCE): _____
(Street/P.O. Box) (City) (State) (Zip)

EMPLOYED BY: _____
(Name of Employer) (Your Official Title)

BUSINESS ADDRESS: _____
(Street/P.O. Box) (City) (State) (Zip)

PHONE NUMBER(S): _____
(Residence/Phone) (Business/Phone) (Business/Fax) (Mobile/Phone)

(Pager) (EMAIL Address)

QUALIFICATIONS, DEGREES AND HONORS: _____

Have you ever been convicted of a crime? Yes or No : (Note: If you answered "Yes", explain fully on the reverse side of application).

Have you ever been a member of the Oklahoma Division of the IAI? Yes or No . Prior Member Number: _____

Non-voting student membership? Yes or No . University (Attending): _____

Major: _____

QUALIFICATIONS: (Check all that apply).

<i>Criminal Investigator:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Photographer:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Other:</i> _____
<i>Micro-Analyst:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Ballistician:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
<i>Handwriting Specialist:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Lawyer:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
<i>Chemist:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Fingerprint Technician:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
<i>Toxicologist:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Medical Professional:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

(Applicant's signature) (Date)

(Applicant recommended by) (Member #)

OFFICE USE ONLY	
PAYMENT METHOD: <input type="checkbox"/> Check # _____ <input type="checkbox"/> P.O. # _____ <input type="checkbox"/> Cash (\$ Amt.) _____	_____ (Date Received) _____ (Date Approved)