



# Oklahoma Division of the International Association for Identification

## Application for Membership

Send application to:  
Oklahoma Division of IAI  
Sherri J. Wallace, (Treasurer)  
412 Oxbow Court  
Ardmore, OK 73401  
E-mail: [swallace@ardmorecity.org](mailto: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](http://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 #)

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