

WISCONSIN CHAPTERInternational Association of
Arson Investigators, Inc.

Mail to: WI IAAI

PO Box 389

Sun Prairie, WI 53590

Checks Payable to: WI Chapter 25, IAAI

Membership Fee: \$25.00

M E M B E R S H I P A P P L I C A T I O N(Check One): Active (must be IAAI member) If you check ACTIVE Box give IAAI # _____ Associate**Fill in ALL AREAS and PRINT**

Last Name		First Name		<input type="checkbox"/> CFI	CFI #
Home Address			Home City	Home State & Zip Code	
Home Phone with area code		Position (If Vol.: use Vol. Position)			
Business/Department (If Vol. Firefighter, use Vol. Fire Department's Name)					
Bus/Dept Address (If Vol. Use Vol. FD address)			Bus/Dept City (If Vol. Use Vol. FD City)	Bus/Dept ST, Zip (If Vol. Use Vol. FD --ST,Zip)	
County of Employment (If Vol. use FD Dept county)		Have you ever been convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone with area code	
E-Mail Address:				Please send my WI IAAI mail/newsletter to: <input type="checkbox"/> Home Address <input type="checkbox"/> Work Address	
Involvement in Fire Investigations <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other _____					
Please check: Classification <input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> Insurance <input type="checkbox"/> PI <input type="checkbox"/> Other _____					
<i>If false information given on this renewal notice may be grounds for expulsion from the WI Chapter. By signing this renewal/membership form, I give permission to WI Chapter, IAAI, Inc. to verify all information given above.</i>					
				Office Use Only	
Your signature				Date	
				WI Member #	
Member's recommendation signature				Date	

