

**WISCONSIN CHAPTER
INTERNATIONAL ASSOCIATION OF ARSON INVESTIGATORS, INC.**

**MEMBERSHIP APPLICATION
Membership Fee: \$25.00**

Active (must be IAAI member) If ACTIVE give IAAI # _____ Associate (For Renewal Only) WIIAAI Member # _____		Mail to: WIIAAI PO Box 389 Sun Prairie, WI 53590 Checks Payable to: WI Chapter 25, IAAI	
Fill in ALL AREAS and PRINT			
Last Name	First Name	CFI	CFI#
Home Address		Home City	Home State & Zip Code
Contact Phone Number	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)	Work Phone with area code	
E-Mail Address:		Please send my WIIAAI mail/newsletter to:	
		Home Address	Work Address
Involvement in Fire Investigations			
Full Time		Part Time	
		Other _____	
Please Check Classification			
Fire		Police	
		Insurance	
		PI	
		Other _____	
Have you ever been convicted of a Felony? Yes No			
<i>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>			
_____ Your Signature		_____ Date	
_____ Member's Recommendation Signature & WIIAAI#		_____ Date	
		Office Use Only	