KANSAS CHAPTER
INTERNATIONAL ASSOCIATION OF ARSON INVESTIGATORS
NEW MEMBERSHIP APPLICATION FORM

ALL MEMBERSHIPS ARE VALID FROM JANUARY 1 TO DECEMBER 31. THE ANNUAL DUES ARE $20.00 A YEAR.

Name: __________________________________________ Last ___________ First ___________ M.I. ___________ D.O.B. ___________
(type or print)

Home address: __________________________________________

Home Phone: ___________________________ Number __________________ Street ___________ City ___________ State ___________ ZIP ___________

Business Phone: ___________________________

Fax: __________________________________________

Cellular Phone: __________________________________________

Email Address: __________________________________________

Department/ Agency representing: __________________________________________
(As it relates to fire investigation)

Address: __________________________________________

Number ___________ Street ___________ City ___________ State ___________ Zip ___________

Mailing Address: □ HOME □ BUSINESS

Present occupation or position: __________________________________________

Are you a member of the I.A.A.I.? □ YES □ NO If yes, Member No. : ___________________________
If you are not a member of I.A.A.I you will be classified as an Associate member.

Recommended by: __________________________________________ KC IAAI Member No: ___________________________

Are you an I.A.A.I - CFI? □ Yes □ No If yes, member no: ___________________________

By payment of a KS IAAI membership renewal invoice, the member affirmatively represents that he or she has not been convicted of any crime nor has their candidacy for KS IAAI membership changed in any way that would have denied them membership when they first applied. The member affirmatively represents that they have not violated the KS IAAI Constitution and By-Laws or Code of Ethics since they first applied. If the member believes they are in violation of the above then they must fully disclose in writing the circumstances of such violation to the KS IAAI Board within 30 days of this notice. As a result of any such violations, the member’s membership status may be jeopardized because the member’s eligibility for membership has changed in a way that would have denied him/her initial membership.

“I do hereby make renewal application for membership into the Kansas Chapter of the International Association of Arson Investigators, in accordance with the Constitution and By-Laws, and I agree to be bound therewith. I am transmitting $20.00 for annual dues with this form.”

Signed ________________________________ Date submitted: __________________

Return this application to: (Make checks payable to KCIAAI)

KCIAAI
Attn: Todd Kerkhoff
3921 W 63rd St,
Prairie Village, KS 66208
Ksiaai2@gmail.com

CREDIT CARD PAYMENT

Name on Card: __________________________________________

Card No.: __________________________________________ Security Code ___________

Exp. Date: ________ Billing Zip Code ________ Code ___________