



International Association of Arson Investigators

BC Chapter 15

Application For Membership

This application MUST be complete to be accepted. Payment may be made as per the instructions below.
The annual membership fee is \$30.00

I hereby make application for membership in British Columbia Chapter 15 of the International Association of Arson Investigators in accordance with their Constitution and By-Laws, and agree to be bound therewith. All information given by me is warranted to be true.

Name (Last, First, Middle Initial) _____

Date of Birth ____/____/____ Last four digits of Your SSN# _____ Home Telephone () _____

Home Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____ E-mail Address: _____

Employer _____ Supervisor _____

Business Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____ Telephone () _____ Fax () _____

Are you already a member of the IAAI? ___Yes ___No Your IAAI Membership Number _____

Occupational Affiliation (choose one)

Public Service Private Investigation Insurance Engineering Scientist/Laboratory Legal

Primary Duty (choose one)

Fire Investigator Forensic Accountant Chemist/Scientist Manager Instructor Attorney

Forensic Engineer (Discipline) _____ Other _____

Have you ever been convicted of a crime involving moral turpitude? ___Yes ___No

If yes, explain offense and date/location of conviction.

Note: a yes answer may affect your acceptance as a member of the International Association of Arson Investigators.

Are you interested in serving on an IAAI Committee Yes No
Are you interested in delivering IAAI training Yes No
Are you a member of an IAAI Chapter Yes No If yes, please list _____

Payment Details:

Once your application has been reviewed we will contact you to arrange dues payment, which may be made by credit card over the phone.

Member Recommendation, Sign and Date – You must be recommended by a Member in Good Standing

Member in good standing (print): _____ Int'l ID# _____ Telephone# _____

Applicant Signature _____ Date _____

Mail correspondence to (circle one): Home Business

Please email completed form to:
Glenn Danks | Cpt. Fire Pre-Planning and Communications
North Vancouver City Fire Department
gdanks@cnv.org and call at 604 904 5208 for payment processing.

FOR OFFICIAL USE ONLY
Member No. _____