



**APPLICATION FOR MEMBERSHIP**

North Carolina Chapter  
 International Association of Arson Investigators  
 12 Northwood Road  
 Asheville, North Carolina 28804  
 (828) 255-5087  
 (828) 232-4191 FAX  
 TAXPAYER I.D. #: 56-1716870

**FOR OFFICE USE ONLY**

Approved  Yes  No

Approval Date: \_\_\_\_\_

I hereby make application for  ASSOCIATE or  ACTIVE membership in the North Carolina Chapter of the International Association of Arson Investigators. I have enclosed the required \$15.00 application fee. (Make checks payable to the NCIAAD). Please forward completed application along with application fee to address listed above.

**PLEASE PRINT OR TYPE THIS APPLICATION**

Applicants Full Name		Date of Birth	Last 4 digits of S.S.N. ____ _		Occupation Affiliation
Employer		Title or Position		Supervisor's Name and Phone Number	
Home Address	City	State	County	Postal Zip Code	
Business Address	City	State	County	Postal Zip Code	
Email Address (email address you wish to receive email) _____@_____					
Home Telephone Number ( )		Business Telephone Number ( )		Fax Number ( )	
Preferred Mailing Address (Check only one) <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Via Email			Preferred Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Business		
Certified Fire Investigator (CFI) <input type="checkbox"/> NC State Fire & Rescue Commission Certified <input type="checkbox"/> International Association of Arson Investigators					
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the charge(s) and date of conviction(s). Use additional page if necessary.					
Professional Reference (Full Name)			Contact Number ( )		
Personal Reference (Full Name)			Contact Number ( )		
Recommended by NCIAAI Member in good standing					
NCIAAI Members Signature _____				Date _____	
I hereby attest that the information provided on this NCIAAI Application for Membership is true and accurate.					
Applicant's Signature _____				Date _____	