



# APPLICATION FOR MEMBERSHIP

## Central Illinois Fire Investigators Association

I hereby make application for active membership in the Central Illinois Fire Investigators Association in accordance with its constitution and by-laws, and agree to be bound therewith. I am transmitting \$15.00 with this application for annual dues. All information given by me is warranted to be true.

PLEASE PRINT OR TYPE:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (MI)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Agency (Fire Dept., Police Dept., etc.) \_\_\_\_\_

In What Capacity \_\_\_\_\_ How Long \_\_\_\_\_

Agency Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My Qualifications for Membership: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

References: (Name, address, phone number, and occupation of each)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I am applying for ( ) Active Membership ( ) Associate Membership

NOTE: Applicants residing outside the boundaries of the Association are eligible for associate membership only. The boundaries are the same as those of the Illinois Chapter I.A.A.I., Central Zone.

Recommended By Member In Good Standing:

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
Date Application Received \_\_\_\_\_ ( ) Application Approved ( ) Rejected