



## New Membership Application TN-IAI

TN-IAI  
P.O. Box 160919  
Nashville, TN. 37216-0002

### APPLICATION FOR NEW MEMBERSHIP

All applications must be accompanied by a \$25.00 Active/Associate or \$200 Lifetime membership fee via check, PayPal, or money order (no cash). Application fees paid to the division between Jan. 1 and Sept. 30 will be applied to the current year. Fees paid between Oct. 1 and Dec. 31 will be applied to the following calendar year.

### MEMBERSHIP QUALIFICATIONS

**ACTIVE:** Shall consist of persons employed in various phases of the science of identification or the law enforcement field who receive salaries from national, state, county, or municipal governments or some subdivision thereof.

**ASSOCIATE:** All persons wholly or partially engaged in any of the various phases of the science of identification, and who are not qualified for active membership.

**LIFETIME:** All persons who have either held active membership status for a minimum of 10 consecutive years in either the parent body or a division **OR** 20+ years employed in any national, state, county, or municipal government, active or retired.

NAME: \_\_\_\_\_ M/F: \_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
EMAIL: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_ IAI Parent Body Member: Yes ☐ No ☐  
HOME MAILING ADDRESS: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF RECOMMENDER (optional): \_\_\_\_\_ PHONE: \_\_\_\_\_

Have you ever been convicted of a crime? Yes ☐ No ☐

I hereby make application for (circle one) **ACTIVE ASSOCIATE OR LIFETIME MEMBERSHIP** in the TN-IAI in accordance with its bylaws. I further agree to abide by the Code of Ethics formulated by the TN-IAI. I certify that all information I have furnished on this application is true and accurate to the best of my knowledge. Any omission or falsification of information will be a basis for rejection or denial of continued membership.

☐ Check box to agree to above terms if submitting application electronically

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_