

CALIFORNIA STATE DIVISION  
INTERNATIONAL ASSOCIATION FOR IDENTIFICATION

I hereby make application for membership in the California State Division International Association for Identification. I have enclosed my first year's membership dues of \$45 along with a non-refundable application fee of \$5 for a total of \$50.

**This is an application, NOT a renewal form for current members.**

CHECK ONE: APPLICATION FOR **ACTIVE** MEMBERSHIP **ASSOCIATE** MEMBERSHIP

**Personal Information**

**Employment Information**

Name

Title

Address

Employer

City

Address

State

Zip Code

City

Home Phone #

State

Zip Code

Email

Work Phone #

Mailing Address (check one)

Cell Phone #

Home      Work

IAI Parent body member    No      Yes    Member #

Primary Duties of Employment

Signature of Applicant

Date

Recommended By (**please print**)

Member #

Phone # and EMAIL address of recommender

Make checks payable to CSDIAI and mail to: **CSDIAI Secretary-Treasurer, Christina Sams**  
P.O. Box 1393, Oakley CA, 94561

FTIN: 95-6078706

If paying with a VISA, MASTERCARD or DISCOVER card, provide name on card \_\_\_\_\_, card number \_\_\_\_\_, expiration date \_\_\_\_\_, CVV Code \_\_\_\_\_ (3 digit numerical on back of card), ZIP Code \_\_\_\_\_.

\*\*\*\*\*

**FOR OFFICIAL USE ONLY**

**DATE RECEIVED**

**CHECK #**

**AMOUNT**

**NEW MEMBER #**

**Approved**

**Denied**

**Date**

**Rev 11/1/2019**