

Fax completed form to: (012) 841-2881

I hereby make application for membership in the South African Chapter of the International Association of Arson Investigators in accordance with its Constitution and Bylaws, and agree to be bound therewith. All information given by me is warranted to be true.

PLEASE PRINT OR TYPE

Applicant's Full Name

Date of Birth

Postal Address

City Province or State Postal or Zip Code Country

Business Telephone Number (Include Area Code)

Cellular Phone Number

Business Fax Number

Email Address

Employer

Business Address City State/Province Country

Occupational Affiliation

Primary Duty

Have you ever been convicted of a crime?: Yes No If yes, describe the nature of the crime and date of conviction:

Are you interested in serving on a Chapter Committee? Yes No

Are you interested in delivering IAAI training? Yes No

Are you a member of the IAAI ? Yes No If yes, Please give your membership no.

Would you be interested in becoming an IAAI member?

Applicant's Signature

Applicant's ID#

Date

Once your application has been approved you will be contacted regarding payment options.