



NEW JERSEY STATE DIVISION OF THE INTERNATIONAL ASSOCIATION FOR IDENTIFICATION MEMBER APPLICATION

PLEASE RETURN TO: P.O. Box 423, New Milford, NJ 07646
EMAIL: NJdivisionIAI@gmail.com
ANNUAL DUES: \$35.00 Active/Associate or \$20.00 Student

I hereby make an application for membership in the New Jersey State Division of the International Association for Identification in accordance with its Bylaws and Constitution and agree to be bound by them.

I am applying for ACTIVE ASSOCIATE STUDENT SUSTAINING Membership

Name in Full: _____

Home Address: _____

DOB: _____ Mobile Phone: _____ Email: _____

Complete if applying for Active Membership

Agency Name: _____ County: _____

Agency Mailing Address: _____

Agency Main Telephone #: _____ Years with Agency: _____

Direct Supervisor: _____

Supervisor Phone #: _____ Supervisor Email: _____

POC responsible for paying dues: _____ Email: _____

Complete if applying for Associate Membership

Describe what qualifies you for Associate Membership as stated by the definition on page 2: _____

Complete if applying for Student Membership ** Please attach a copy of an unofficial transcript to your application.**

College or University you are attending: _____ What Year: _____

School Address: _____ Major: _____

1. Have you ever been convicted of a crime? Yes No If Yes, explain: _____

2. I understand that application fees paid to the Association by any new applicant between January 1 and September 30 shall be applied to the membership dues for that calendar year only. Fees paid by an applicant between October 1 and December 31 shall be applied to the following calendar year.
3. I also understand that if I apply for Sustaining Membership (10x Annual Dues), I am relieved from the requirement of annual dues and assessments.
4. All applications **MUST** be accompanied by payment of Fees, which will be refunded if the application is rejected.
5. I understand that my Membership Certificate is the property of the Association and must be returned to the Secretary upon my resignation or suspension.

6. PLEASE NUMBER UP TO THREE AREAS THAT INTEREST YOU

Indicate your primary discipline as Number 1, then other areas as 2, 3, etc.

_____ Fingerprint Identification	_____ Questioned Documents	_____ Polygraph	_____ Criminal Justice
_____ Forensic Photography/ Electronic Imaging	_____ Firearms & Toolmarks	_____ Laboratory Analysis	_____ Forensic Science
_____ Voice Print & Acoustics	_____ Forensic Art	_____ Crime Scene Invest.	
_____ Innovative/Gen. Techniques		_____ Footwear / Tire Tracks	_____ Bloodstain Pattern Analysis

7. Name of Recommender (OPTIONAL): _____ | _____
Print or type Signature of Recommender

8. Recommender Phone #: _____ NJIAI Member No. _____

9. Degrees and/or Honors and other Qualifications for Membership: _____

10. I certify that the information contained herein is true and correct to the best of my knowledge. Any omission or falsification of information will be a basis for rejection or denial of continued membership.

11. I give permission to the NJIAI to list my name on a public facing membership roster. _____ Yes _____ No

Applicant's Signature and Date _____ | _____
Signature of Applicant Date

<i>Membership Qualifications</i>	
Active	Shall consist of heads of Bureau of Identification or investigation (including persons under their supervision who are engaged in the science of identification), heads of Police Departments, Chiefs of Detectives and Sheriff's PROVIDED however that the foregoing persons are bona fide employees of and who receive salaries from National, State, County or Municipal Governments, or some subdivision thereof.
Associate	All reputable persons wholly or partially engaged in any of the various phases of the science of identification, and who are not qualified for Active membership, are hereby eligible to become associate members; they shall, in all respects, be subject to the same rights and privileges as active members, except that they shall not be entitled to election to the office of President or Vice President.
Student	Persons enrolled in an accredited educational institution, who are studying a curriculum with an academic focus on the forensic sciences or criminal justice, shall be eligible for student membership and shall enjoy all rights and privileges of an Associate Member.

ADMIN USE ONLY

Date request received		Received by		Approved?	
Date reviewed		Reviewed by		Assigned Number	
Date approved/denied		Approved membership type			
Payment Amount	\$	Check # / P.O. #			
Reason for rejection					