

International Association of Arson Investigators, Inc. – Vermont Chapter

Membership Application

Last Name:		First Name:		MI:
Address:			Phone:	
City:	State:		Zip:	
Date of Birth:		E-mail		
Employed by:			Business Phone:	
Type of Business:				
Title:			Length of Employment:	
Mailing Address (if different from above):				
Street Address:				
State your qualifications and reason for requesting membership				
References				
Name	Address	Tel. #	Occupation	
1.				
2.				
Recommended by Vermont Member in good standing: _____				
(Signature & Date)				
Applicant Signature:			Date:	
Type of Membership: <input type="checkbox"/> Original <input type="checkbox"/> Renewal			Annual Dues: \$25.00	

Make Checks Payable to : **Vermont Chapter I.A.A.I**

Mail to: Lt. James Cruise
 Vermont State Police
 317 Academy Drive
 Pittsford, VT 05763