



Membership Application TNIAI

Please print and return to:

TN – IAI
Elizabeth Reid, Treasurer
P.O. Box 160919
Nashville, TN 37216-0002

APPLICATION FOR MEMBERSHIP

All applications must be accompanied by a \$25.00 membership fee (\$10.00 Student), check or money orders (no cash) which will be refunded if the application is rejected. Incomplete applications will be returned.

MEMBERSHIP QUALIFICATIONS

ACTIVE MEMBERSHIP in the association shall consist of heads of Bureau of Investigation or Investigators (including persons under their supervision who are engaged in the science of identification), heads of Police Departments, Chiefs of Detectives and Sheriffs. PROVIDED HOWEVER, that the forgoing persons are bonafide employees of, and who will receive salaries from national, state, county, or municipal governments, or some subdivision thereof.

ASSOCIATE MEMBERSHIP in the association will be available to 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. ASSOCIATE MEMBERS, shall, in all respects be subject to the same rules, fees and charges entitled to the same rights and privileges as Active Members, except that they shall not be entitled to hold office.

SPECIAL ASSOCIATE MEMBERSHIP is available for full-time college students who are majoring in criminal justice/ police science studies.

NAME: _____ TITLE: _____

SEX: _____ EMAIL: _____ BIRTH DATE: _____

EMPLOYED BY: _____ HOW LONG? _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE #: _____

NAME OF IMMEDIATE SUPERVISOR: _____

LIST OF WORK HISTORY IN CHRONOLOGICAL ORDER (include college history, degrees and honors on a separate sheet.

STUDENT: School Attending: _____ Major: _____

NAME OF RECOMMENDER: (optional) _____ TNIAI Member

PHONE OF RECOMMENDER: _____

Have you ever been convicted of a crime: Yes No

(If yes provide details on the charges, arresting agency, sentence, dates, etc. on a separate sheet)

I hereby make application for: **Active Associate or Student Membership** in the TNIAI in accordance with its bylaws and constitution. I further agree to abide by the Code of Ethics formulated by the TNIAI. 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 _____