



Renewal Application TN-IAI

Please print and return to:

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

APPLICATION FOR RENEWAL

All applications must be accompanied by a \$25.00 Active/Associate, \$10.00 Student, or \$200 Lifetime membership fee via check, PayPal, or money order (no cash). Application fees paid to the division between Jan 1 and Sept 30 will be applied to the current year. Application fees paid to the division between Oct 1 and Dec 31 will be applied to the following calendar year.

MEMBERSHIP QUALIFICATIONS

ACTIVE MEMBERSHIP in the association shall consist of persons employed in various phases of the science of identification or the law enforcement field who receive salaries from national, state, county, or municipal governments or some subdivision thereof.

ASSOCIATE MEMBERSHIP in the association will be available to all persons wholly or partially engaged in any of the various phases of the science of identification, and who are not qualified for active membership.

LIFETIME MEMBERSHIP in the association will be available to all persons who have either held active membership status for a minimum of 10 consecutive years in either the parent body or a division or 20+ years employed in any national, state, county, or municipal government, active or retired.

STUDENT MEMBERSHIP is available for any student of an accredited college or university, full-time, part-time or grad, who is taking courses in order to pursue a career in various phases of the science of identification or the law enforcement field.

NAME: _____ IAI Parent Body Member: Yes No

EMAIL: _____

HOME MAILING ADDRESS: _____

EMPLOYED BY: _____ HOW LONG? _____

STUDENT: School Attending: _____ Major: _____

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 renewal application for: (circle one) **Active Associate Lifetime or Student Membership** in the TNI in accordance with its bylaws and constitution. I further agree to abide by the Code of Ethics formulated by the TNI. 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 _____