



South Carolina Chapter 33
INTERNATIONAL ASSOCIATION OF ARSON INVESTIGATORS
P. O. Box 212486
Columbia, SC 29221-2486
Membership Application

Please remit \$25.00 with application (\$20.00 for yearly dues & \$5.00 for application fee. Make checks payable to **SCIAAI**)

PERSONAL INFORMATION:

Send Correspondence To This Address

Full Name: _____ DOB: _____ SS#: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ E-Mail Address: _____

Sex: _____ Place of Birth: _____

Are you a member of the IAAI or have you made application? _____ Mem #: _____ Date: _____

Have you ever been convicted of a felony or are you presently under indictment? _____ If YES, explain: _____

EMPLOYMENT INFORMATION:

Send Correspondence To This Address

Employer: _____ Title: _____

Address: _____ City: _____ State: _____ ZIP: _____

Work Phone: _____ FAX: _____

Job Assignment: _____ Length of Employment: _____

REFERENCES: (Please List As Completely As Possible)

1. Name: _____ Position: _____

Address: _____ Telephone: _____

2. Name: _____ Position: _____

Address: _____ Telephone: _____

RECOMMENDED BY SCIAAI MEMBER: (*REQUIRED*, cannot be above named reference)

Name: (Print) _____ Position: _____

Signature: _____ Date: _____ Telephone: _____

I hereby certify that the above information is true and correct to the best of my knowledge and I meet the qualifications for membership and authorize the SCIAAI or it's representative to conduct any background investigation necessary prior to approval or disapproval of my application for membership.

Signature: _____ **Date:** _____

SCIAAI USE ONLY

Membership Approved By Board: _____ Card Issued: _____ BY: _____

Dues Paid: _____ Check/Cash: _____