

***Application for Membership***  
**New England Division International Association for Identification**

Member # \_\_\_\_\_

RETURN TO: LISA CORSON Secretary  
NEDIAI  
P O Box 1043  
Concord, NH 03302-1043

DATE RECEIVED \_\_\_\_\_

AMOUNT RECEIVED \_\_\_\_\_

DATE ACCEPTED \_\_\_\_\_

I hereby make application for membership in the New England Division of the International Association for Identification in accordance with its Constitution and the by-laws and agree to be bound therein.

ANNUAL DUES \$25.00 U. S. CURRENCY

All applications must be accompanied by an annual dues payment, which will be refunded, if application is rejected.

NAME IN FULL \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

BUSINESS TITLE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Send mail to

BUSINESS ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ IF YES EXPLAIN FULLY ON BACK OR SEPARATE PAGE

Please indicate up to three (3) of the following disciplines (numbered 1 – 3 with primary discipline as number 1) in which you are involved. If other please describe.

Fingerprint Identification _____	Laboratory Analysis _____	Questioned Documents _____
Forensic Photography _____	Polygraph _____	Firearms & Toolmarks _____
Voice Print Acoustics _____	Crime Scene Invest. _____	Footwear / tire tracks _____
Innovative techniques _____	Forensic Art _____	Other _____

Employed by: (Govt) \_\_\_\_\_ Other \_\_\_\_\_

In what capacity \_\_\_\_\_ How long? \_\_\_\_\_

State your qualifications for membership: (before answering please read qualifications on reverse) \_\_\_\_\_

Degrees and or honors: \_\_\_\_\_

Recommended by \_\_\_\_\_ member # \_\_\_\_\_

Address of member making recommendation: \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CIRCLE ONE:                      ACTIVE MEMBERSHIP                      ASSOCIATE MEMBERSHIP

## MEMBERSHIP QUALIFICATIONS

### ACTIVE MEMBERSHIP

THE ACTIVE MEMBERSHIP OF THE ASSOCIATION SHALL CONSIST OF HEADS OF BUREAUS 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 SHERIFFS, 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 MEMBERSHIP

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 RULES, FEES AND CHARGES AND BE ENTITLED TO THE SAME RIGHTS AND PRIVILEGES AS ACTIVE MEMBERS, EXCEPT THAT THEY SHALL NOT BE ENTITLED TO ELECTION TO THE OFFICE OF VICE-PRESIDENT OR PRESIDENT.