



CONNECTICUT CHAPTER INTERNATIONAL ASSOCIATION OF ARSON INVESTIGATORS

CHAPTER #49

APPLICATION FOR MEMBERSHIP

PLEASE COMPLETE ALL SECTIONS

NAME	HOME PHONE NUMBER ()	
HOME ADDRESS		
CITY	STATE	ZIP CODE
EMPLOYER/AGENCY		WORK PHONE NUMBER ()
WORK ADDRESS		
CITY	STATE	ZIP CODE
JOB TITLE		
ARE YOU PRESENTLY A MEMBER OF THE IAAI? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU PRESENTLY A MEMBER OF ANOTHER CHAPTER OF THE IAAI? <input type="checkbox"/> YES <input type="checkbox"/> NO		
SIGNATURE		DATE

PLEASE RETURN THE COMPLETED APPLICATION WITH A CHECK, MADE PAYABLE TO:

CT CHAPTER, IAAI

IN THE AMOUNT OF \$20.00, TO COVER ONE (1) YEAR OF DUES TO:

CT IAAI
P.O. Box 165
Old Saybrook, Ct. 06475