



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 for yearly dues & application fee. Make checks payable to SCIAAI

PERSONAL INFORMATION:

Send Correspondence to This Address

Full Name: _____ DOB: _____ Email Address: _____

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

Home Phone: _____ Cell Phone: _____

Have you ever been denied membership in, or had your membership suspended, or revoked by the IAAI, any affiliate Chapter, or any other fire service/law enforcement or other organization? _____ If **YES**, explain: _____

Answering "YES" to this question may affect your qualification for membership

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

Answering "YES" to this question may affect your qualification for membership

EMPLOYMENT INFORMATION:

Send Correspondence to This Address

Employer: _____ Position: _____

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

Work Phone: _____ Work Cell: _____

REFERENCES: (Please List As Completely As Possible)

1. Name: _____ Position: _____

Address: _____ Telephone: _____

2. Name: _____ Position: _____

Address: _____ Telephone: _____

RECOMMENDED BY SCIAAI MEMBER: (If you are being recommended by a SCIAAI member)

Name: (Print) _____ Position: _____

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 its representative to conduct any background investigation necessary prior to approval or disapproval of my application for membership.

Applicant Signature: _____ **Date:** _____

SCIAAI USE ONLY

REV 07-2015

Date Approved: _____ Member #: _____ Approved by SCIAAI Board Member: _____

Dues Paid: _____ Check/Cash/CC: _____