

International Crime Scene Investigators Association (ICSIA)

Membership # _____
Date: _____

Membership Application Form

REQUIREMENTS FOR MEMBERSHIP

Each Applicant MUST have a VALID email address to become a member.

1. TYPE OF MEMBERSHIP

An "**ACTIVE**" membership is for the person who is salaried by or retired from a law enforcement agency and who's position involved the processing of crime scenes.

An "**ASSOCIATE**" membership is for all others who are engaged in the crime scene fields but do not fit the definitions of the above categories.

2. LETTERS OF RECOMMENDATION:

1. One from a Supervisor OR an ICSIA Member

OR

2. Proof of membership in one of the following: IAI, IAI Divisions, ACSR, or AAFS

Please select the type of membership for which you are applying:

Active _____ Check box if retired Associate _____

Last Name _____ First Name (& Middle Initial) _____

Agency (If retired list agency retired from) or School _____

Job Title / Position _____

Street Address _____

City _____

State _____ Postal or Zip +4 _____ Country _____

E-Mail Address _____

Agency, School or Personal Web Site _____

Phone Number _____ Fax Number _____

Number of years of experience in processing crime scenes? _____

PROFESSIONAL EXPERIENCE:

(Please list your professional work history and areas of specialization)

CERTIFICATIONS OR DEGREES:

PROFESSIONAL ASSOCIATIONS OR ORGANIZATIONS:

Please Circle all that apply : IAI, IAI Division, ACSR, or AAFS; Other Assc. or Orgs list below

Additional information may be required of the applicant by the Board before application is approved.

APPLICATION STATEMENT

I hereby authorize the ICSIA or any of its officers or agents to verify the accuracy of the information provided by me in my application for membership. I understand any false statements or misrepresentation of my experience or qualifications is cause for rejection of my application.

Applicant's Signature _____ Date: _____

Recommended by ICSIA Member: _____ (print name)

(Recommendation is not required for membership)

MEMBERSHIP DUES

Application must be accompanied by payment of the appropriate membership fee. Individual Membership is \$25.00 each year.

I have attached a check or P.O.: P.O./Check # _____ Amount _____ Date _____

ICSIA's Tax ID is FEIN 36-4282318

Mail the completed application, supporting documentation and enclose a check, money order or purchase order (*Payable to ICSIA*) and send to:

**ICSIA Membership
86 N. Dogwood Dr
Mayflower, AR 72106
USA**

For questions about membership please e-mail: membership@icsia.org