

# 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 this box if retired  or 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)

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**CERTIFICATIONS OR DEGREES:**

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**PROFESSIONAL ASSOCIATIONS OR ORGANIZATIONS:**

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

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*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. Membership can be paid by credit card through PayPal. See web site for method.

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](mailto:membership@icsia.org)**