

# NEW YORK STATE FIRE INVESTIGATORS

## STATE CHAPTER NO. 23 INTERNATIONAL ASSOCIATION OF ARSON INVESTIGATORS

P.O. BOX 2174 NIAGARA FALLS, N.Y. 14302-2174 (716) 297-4110

### APPLICATION FOR MEMBERSHIP

I hereby make application for ACTIVE( ) ASSOCIATE( ) membership in the New York State Fire Investigators in accordance with its Constitution and By-Laws, and agree to be bound therewith. I am transmitting \$30.00 (\$5.00 Initiation & \$25.00 Dues) with this application. All the information given me is warranted to be true.

#### PLEASE PRINT OR TYPE

1A. Name in full \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_

1B. Social Security # \_\_\_\_\_ 1C. Email Address \_\_\_\_\_

3. Employed by \_\_\_\_\_ 4. Business of Employer \_\_\_\_\_

5. In what capacity? \_\_\_\_\_ 6. How long? \_\_\_\_\_

7. Business address \_\_\_\_\_ 8. Area & Tel. No. \_\_\_\_\_

9. City \_\_\_\_\_ 10. County \_\_\_\_\_ 11. Postal or Zip Code \_\_\_\_\_

12. Home address \_\_\_\_\_ 13. Area & Tel. No. \_\_\_\_\_

14. City \_\_\_\_\_ 15. County \_\_\_\_\_ 16. Postal or Zip Code \_\_\_\_\_

17. Place of birth: City \_\_\_\_\_ 18. Province or State \_\_\_\_\_

19. State your qualifications for membership: \_\_\_\_\_

20. Have you ever been convicted of a crime (Felony/Misd.)? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, describe the nature of the crime, jurisdiction and date of conviction.) By signing this application you hereby consent to a check of any needed records of the incident (s).

References (name, address and occupation)

A. \_\_\_\_\_

B. \_\_\_\_\_

Recommended by a Member in good standing

Applicant signature & date

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Application approved/disapproved by Regional Vice-President or Chapter President \_\_\_\_\_

Membership card issued \_\_\_\_\_ Check No \_\_\_\_\_ Date \_\_\_\_\_