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- RECRUIT GOOD MEMBERS
- RENEW YOUR MEMBERSHIP
- REVIVE YOUR INVOLVEMENT

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**MICHIGAN CHAPTER - IAAI
APPLICATION FOR MEMBERSHIP**

New
 Renewal

NAME _____
LAST FIRST MIDDLE INITIAL DATE OF BIRTH

MAILING ADDRESS _____
STREET CITY STATE ZIP CODE

BUSINESS PHONE _____ HOME PHONE _____ EMAIL ADDRESS _____
AREA CODE AREA CODE

DEPT. OR COMPANY REPRESENTED _____
(RELATED TO ARSON INVESTIGATION)

In What Capacity? _____

Are You a Member of IAAI? _____ Have you ever been convicted of a felony? _____

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE MICHIGAN CHAPTER OF THE INTERNATIONAL ASSOCIATION OF ARSON INVESTIGATORS IN ACCORDANCE WITH ITS CONSTITUTION & BY-LAWS AND AGREE TO BE BOUND THEREWITH.



Send To:

MICHIGAN CHAPTER IAAI
 P.O. Box 187
 Dimondale, Michigan 48821-0187

Enclose check payable to:
MICHIGAN CHAPTER IAAI

SIGNATURE DATE

RECOMMENDED BY MEMBER IN GOOD STANDING

SIGNATURE

Date _____ Membership No. _____

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