



PENNSYLVANIA ASSOCIATION OF ARSON INVESTIGATORS

MEMBERSHIP APPLICATION

I hereby make application for membership in the Pennsylvania Association of Arson investigators.

Membership Categories: Article II

() Active Membership- Section 1. Any representative of government or of a governmental agency and any representative of a business or industrial concern who is actively engaged in some phase of the investigation of fires and explosions at the time of application shall be eligible for active membership on application, provided such person possesses the other qualifications for membership at the discretion of the Membership Committee and provided such person is not less than eighteen (18) years of age at the time of application. **Such applicant shall be a member in good standing in the International Association of Arson Investigators.** Applications of persons denied membership for reason of lack of eligibility shall be placed before the Board of Directors (hereinafter referred to as the "Board") for final determination at the next regularly called meeting of the Board. **IAAI Membership number:** _____

() Chapter Membership Section 2. Persons not qualified for active membership may become-Chapter members, after determination of their qualifications by the Membership Committee. Chapter members shall have the privileges of an active member, except: voting privileges; being elected to a position as an Officer of the Association; or being elected as a member of the Board of Directors of the Association. The Association may, by majority vote of active members present, exclude Chapter members from any particular business meeting

Last name: _____ **First:** _____ **Middle:** _____

Home Address: _____

City State Zip: _____

Phone Number: _____

Home Email Address: _____ **Date of Birth:** _____

Employer: _____

Business Address: _____

City State Zip: _____

Phone Number: _____ **Business Email Address:** _____

Position: _____ **Years Employed:** _____

Supervisor Name and contact information: _____

Which email address would you prefer to receive notices and information at:

Qualifications for membership: (Length of service, duties, degrees, honors and other pertinent information.

Have you ever served in the armed forces? Yes No

Branch: _____ Capacity: _____

Still enlisted: Yes No

Honorable Discharge: Yes No Discharge Date: _____

Have you ever been convicted of or plead guilty to a crime? Note: A yes answer to this question may affect your acceptance as a member of the Pennsylvania Association of Arson Investigators.* Yes* No

If Yes please explain:

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? Note: A yes answer to this question may affect your acceptance as a member of the International Association of Arson Investigators.*: Yes No

If Yes please explain:

Are you now or have you ever been a member of any group declared subversive by your local government or Official Agency of the United States? Note: A yes answer to this question may affect your acceptance as a member of the International Association of Arson Investigators.*: Yes No

If Yes please explain:

REFERENCES: (LIST COMPLETE NAMES, ADDRESS, PHONE NUMBER AND OCCUPATION)

1. NAME: _____ ADDRESS: _____
OCCUPATION: _____ PHONE #: _____
2. NAME: _____ ADDRESS: _____
OCCUPATION: _____ PHONE #: _____
3. NAME: _____ ADDRESS: _____
OCCUPATION: _____ PHONE #: _____

PAAI MEMBER RECOMMENDATION: (MUST BE MEMBER IN GOOD STANDING)

NAME: _____ SIGNATURE: _____ MEMBER # _____

I hereby make application for membership in the Pennsylvania Association of Arson Investigators in accordance with its Constitution and By-Laws, and agree to be bound therewith. I affirm that all information given by me is true and accurate. I have enclosed payment of \$35.00 with this application. This fee includes \$30.00 annual dues and \$5.00 initiation fee.

Applicants Signature: _____ DATE: _____

Mail completed application with payment to: PAAI c/o Dennis Berty P.O. Box 173, Cecil, PA 15321

PAAI Internal Use Only

The above mentioned applicant has been investigated by the Membership Committee of the PAAI and said applicant has been recommended _____ not Recommended _____ to the Board of Directors for a Final Vote.

If not recommended, state reason: _____

Signature of Membership Committee Chair: _____ Date: _____

Final Disposition:

Approved for membership: _____ Rejected for membership: _____ Date: _____

