



International Association for Identification

278 Colony Street Meriden, CT 06451

I hereby make application for membership in the Connecticut State Division of the International Association for Identification in accordance with its Constitution and by-laws and agree to be bound therewith.

(Please type or print clearly)

Full Name: _____ Date of Birth: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Home Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

E-mail Address: _____

Employed By: _____

Title/Rank: _____ Bureau/Division of Assignment: _____

Employer Address: _____

City/Town: _____ State: _____ Zip: _____

If you are a member of the parent body, please provide IAI membership number: _____

Signature of Applicant: _____ Date: _____

NOTE: Annual dues of \$25.00 are to accompany this application (\$10.00 for full time students)

Recommended By: _____

Signature of recommending member: _____ Date: _____

Accepted for Membership on: _____

Signing Officer: _____ Date: _____

Mail this application to:
Larry Mazzola
CT Forensic Science Lab.
CT IAI Division
278 Colony Street
Meriden, CT 06451

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