



**International Association for Identification**  
**Nevada State Division**  
*Chartered 1998*

Please send the application and payment to:

**Nevada State Division of IAI**  
**C/O: Robbie Dahn**  
**5555 W. Badura Ave. Suite 180**  
**Las Vegas, NV 89118**

**Additional Information Online**  
**www.nsdiai.net**

**Application for Membership**

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**DEPARTMENT/AGENCY:** \_\_\_\_\_

**OFFICE ADDRESS:** \_\_\_\_\_  
*Address, City, State, Zip*

**RESIDENCE ADDRESS:** \_\_\_\_\_  
*Address, City, State, Zip*

**SEND BUSINESS MAIL TO:** (Circle One) **OFFICE** **RESIDENCE**

**TELEPHONE:** Office \_\_\_\_\_ Cell \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**FORENSIC DISCIPLINES:** *(Indicate your primary discipline as Number 1, then other areas as 2, 3, etc.)*

_____ Crime Lab Specialist	_____ Crime Scene Specialist	_____ Latent Print Examiner
_____ Firearms & Toolmarks	_____ Forensic Artist	_____ Forensic Photography
_____ Tenprint Examiner	_____ Bloodstain Pattern	_____ Scene Reconstruction
_____ DNA Analyst	_____ Question Documents	_____ Trace Evidence
_____ Forensic Chemist	_____ Forensic Studies Student	_____ Other: _____

**Have you ever been convicted of a crime?** (Circle One) **NO** **YES** *(if yes, state details on a separate sheet of paper)*

**What charge(s):** \_\_\_\_\_

**MEMBERSHIP APPLYING FOR:** (Circle One) **Membership Dues are \$25.00 yearly**

**Active Member** Consists of persons actively engaged in the science of forensic identification and are employed by a city, county, state or federal government or a subdivision or combination thereof.

**Associate Member** Consists of all reputable persons, fully or partially engaged in any of the various phases of the science of forensic identification, and who are not qualified for Active Membership (Police Officers, Detectives, Professors, Teachers, Consultants, Etc.)

**Student Member** Consists of all persons engaged in the study of criminal justice or related fields of forensic study, the American Institute of Applied Science or other correspondence school approved by the Board of Directors. The study must be continuing at a reasonable rate and be receiving passing grades.

**Are you a Member of the International Association for Identification?** (Circle One) **YES** **NO**

**Recommended By:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing, I make application for membership in the Nevada State Division of I.A.I. in accordance with its Constitution and By Laws and agree to be bound therewith.

**FOR NSDIAI USE ONLY**

**Approved by:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_ **Amount Received:** \_\_\_\_\_ **Member #:** \_\_\_\_\_

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