



GEORGIA STATE DIVISION  
INTERNATIONAL ASSOCIATION  
FOR IDENTIFICATION

APPLICATION FOR MEMBERSHIP

Please complete and return to the Secretary-Treasurer:  
**Tim Schmahl, Georgia State Division, I.A.I.**  
4347 Alysheba Dr. Fairburn, GA 30213  
ANNUAL FEE: \$25

I hereby make application for membership in the Georgia State Division, International Association for Identification in accordance with its Bylaws and Constitution and agree to be bound by them.

I am applying for:  Active Membership  Associate Membership  
(defined on reverse)

|  |  |                      |
|--|--|----------------------|
| Please complete both addresses.<br>Check mailing preference. | Name in Full: _____  | Date of Birth: _____ |
|  | Employed by: _____   | How long? _____      |
|  | In what capacity? _____  | How long? _____      |
|  | <input type="checkbox"/> Business Address: _____   |                      |
|  | <input type="checkbox"/> Home Address: _____   |                      |
|  | Business Phone #: _____ Ext: _____ Fax #: _____  |                      |
|  | Home Phone #: _____ E-mail address: _____  |                      |
|  | How would you like to receive your newsletter? <input type="checkbox"/> by mail <input type="checkbox"/> by e-mail <input type="checkbox"/> online at <a href="http://www.gaiai.org">www.gaiai.org</a> |                      |

- Have you ever been convicted of a crime?  
 NO  
 YES (If yes, give full details on other side.)
- I understand that application fees paid to the Association by any new applicant between January 1 and August 31 shall be applied to the membership dues for that calendar year only; fees paid by an applicant on or after September 1 shall be applied to the following calendar year.
- All applications MUST be accompanied by payment of fees, which will be refunded if application is rejected. *Incomplete applications will be returned.*
- Also, I understand that my Membership Certificate is the property of the Division and must be returned to the Secretary upon my *resignation or suspension.*

Because this information will be used for compiling our Membership Directory, PLEASE be precise and complete ALL items.

Lapel Pin is optional for \$5.00.

**5. PLEASE NUMBER UP TO THREE AREAS OF YOUR EXPERTISE**

Indicate your primary discipline as Number 1, then other areas as 2 and 3.

- |                                 |   |                             |
|---------------------------------|---|-----------------------------|
| ___ Bloodstain Pattern Analysis | ___ Fingerprint Identification                  | ___ Laboratory Analysis     |
| ___ Crime Scene Investigation   | ___ Forensic Art                                | ___ Polygraph               |
| ___ Innovative/Gen. Techniques  | ___ Footwear/Tire Tracks                        | ___ Questioned Documents    |
| ___ Firearms & Toolmarks        | ___ Forensic Photography/<br>Electronic Imaging | ___ Voice Print & Acoustics |

6. Recommender: \_\_\_\_\_

*Member's Name* *Member's #*

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*Member's Address*

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*Recommender's Signature (Required)* *Date*

Approved: \_\_\_\_\_  
*Signature of Membership Committee Chairperson and Date*

STATE DETAILS OF "YES" Answer to Question 1 below:

**PERSONAL HISTORY**

Degree and/or Honors and other Qualifications for Membership

**MEMBERSHIP QUALIFICATIONS**

**ACTIVE MEMBERSHIP**

Active membership of the Georgia State Division shall consist of heads of Bureaus of Identification or Investigation (including persons under their supervision who are engaged in the science of identification), heads of Police Departments, Chiefs of Detectives and Sheriffs, provided however, that the foregoing persons are bona fide employees of, and who receive salaries from National, State, County, or Municipal Governments, or some subdivision.

**ASSOCIATE MEMBERSHIP**

All reputable persons wholly or partially engaged in any of the various phases of the science of identification and who are not qualified for Active Membership are eligible to become Associate Members. They shall, in all respects, be subject to the same rights and privileges as Active Members, except that they shall not be entitled to the office of Vice President or President.

**I certify that the information herein contained is true and correct to the best of my knowledge. Any omission or falsification of information will be a basis for rejection or denial of continued membership.**

Applicant's Signature and Date: \_\_\_\_\_