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| INIAI logo.jpg | INDIANA DIVISION OF  THE INTERNATIONAL ASSOCIATION FOR IDENTIFICATION  MEMBERSHIP RENEWAL FORM | | | | | | | | | |
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| Please complete this form to renew your Indiana IAI Membership for the coming year. Return the *signed* form with a check or money order for $20.00 payable to “Indiana Division IAI,” to the Secretary-Treasurer at the address below, OR you may scan the *signed* form and email it to the Secretary-Treasurer at the email address below and pay through PayPal on our website at [www.iniai.org/membership](http://www.iniai.org/membership).  The information on this form will be used to prepare the Member Directory, so please check addresses, telephone numbers, and email addresses for accuracy. Your membership letter will be sent upon receipt of your renewal form and payment.  Mallory Webb, Secretary-Treasurer  19411Highway 41 North  Evansville, IN 47725  mwebb@isp.in.gov  Federal Employer Identification Number: 35-1934954 | | | | | | | | | | |
| Indiana IAI Member Number: | | | Membership Level: | | | Active | | | | Associate |
| Name: | | | | | | | | | | |
| Are you a Member of the IAI Parent Body? | | | Yes: Member Number: | | | | | | | No |
| Employer (Agency or Company): | | | | | | | | | | |
| Title or Position: | | | | | | | | | | |
| Office Address: | | | | | | | | | | |
| City: | | | | | State: | | | Zip Code: | | |
| Office Telephone Number: (     )     - | | | | | Fax Number: (     )     - | | | | | |
| Office Email Address: | | | | | | | | | | |
| Changes from Prior Year: | | | | | | | | | | |
| I wish to renew my membership in the Indiana Division of the International Association for Identification. I continue to meet all the requirements as stated in the Constitution and Bylaws. | | | | | | | | | | |
| Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Date: | |
|  | | | | | | | | |  | |
| *IAI Office Use Only* | | | | | | | | | | |
| Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Form of Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Receipt Number: \_\_\_\_\_\_\_\_\_\_\_\_ | | Record Updated: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Member Notified: \_\_\_\_\_\_\_\_\_\_\_ | | | |