

Oklahoma Chapter  
**INTERNATIONAL ASSOCIATION**  
**OF**  
**ARSON INVESTIGATORS**

I hereby make application for membership in the **OKLAHOMA CHAPTER OF THE INTERNATIONAL ASSOCIATION OF ARSON INVESTIGATORS** in accordance with its Constitution and By-Laws.

Enclosed herewith is \$20 for annual dues for Oklahoma Chapter IAAI Membership.  
 This Oklahoma IAAI application must be completed in full. Send completed application with fees to:  
**OKIAAI, PO BOX 721677, NORMAN, OK 73070**

**PROVIDE** the Information Requested below. You may also go to [www.okiaai.org](http://www.okiaai.org) and Follow The Instructions to Open This Form on Your Computer, Fill It Out While Open On your Computer, Print It, **Sign It** and **Mail** The Completed Application With Your Payment or Payment Information. \_\_\_\_\_ mm/dd/yy

**Full Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Employed By** \_\_\_\_\_

**Position Held** \_\_\_\_\_

	Check Yes or No	Yes	No
Are you employed in the field of Fire Investigation?			
Are you employed in a field of the Fire Service?			
Are you employed in a field of Law Enforcement?			
Are you employed in the field of Insurance Investigation?			
If other, please state in detail _____			

**Have you ever been charged with or convicted of a felony?**

If yes, please explain \_\_\_\_\_

**Employer/Organization Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**E Mail Address** \_\_\_\_\_

If You Do Not Provide an Email Address All Correspondence will be sent to your Home Mailing address

**Supervisors Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**References** **LIST TWO OKLAHOMA CHAPTER IAAI MEMBERS IN GOOD STANDING**

(1) \_\_\_\_\_ (2) \_\_\_\_\_

<b>(Check One) Payment Enclosed</b>	<b>Bill Employer/Organization</b>	<b>Bill to Credit Card</b>
<b>Credit Card Information - Card Type</b>	<b>(Check One) - Visa</b>	<b>MasterCard</b>
<b>Card Number</b> _____	<b>Expiration Date</b> _____	

If Payment Is by Your Organization Please Provide any  
**Purchase Order # We Would Need** \_\_\_\_\_ **PO#** \_\_\_\_\_

*The information I have given in this application is true and correct to the best of my knowledge and is subject to validation by the Oklahoma Chapter IAAI.  
 I understand that false statements, misrepresentation, or omissions on this application may justify refusal of membership or, if granted membership, termination of such.*

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Office Use Only* \_\_\_\_\_ *(APPLICANT MUST SIGN APPLICATION)*

**Reviewed By: (Board Members Initials)** \_\_\_\_\_

**Payment Received** **Yes** **No** **Date** \_\_\_\_\_  
 Member # \_\_\_\_\_ Payment # \_\_\_\_\_