

International Crime Scene Investigators Association (ICSIA)

Membership # _____
Date: _____

Membership Application Form

REQUIREMENTS FOR MEMBERSHIP

Each Applicant MUST have a VALID email address to become a member.

1. TYPE OF MEMBERSHIP

An "**ACTIVE**" membership is for the person who is salaried by or retired from a law enforcement agency and who's position involved the processing of crime scenes.

An "**ASSOCIATE**" membership is for all others who are engaged in the crime scene fields but do not fit the definitions of the above categories.

2. LETTERS OF RECOMMENDATION:

1. One from a Supervisor OR an ICSIA Member

OR

2. Proof of membership in one of the following: IAI, IAI Divisions, ACSR, or AAFS

Please select the type of membership for which you are applying:

Active _____ **Check box if retired** **Associate** _____

Last Name _____ First Name (& Middle Initial) _____

Agency or Business (If retired list agency retired from) _____

Job Title / Position _____

Mailing Address: Home or Office _____

E-Mail Address _____

Agency or Personal Web Site _____

Contact Phone Number _____

Number of years of experience in processing crime scenes? _____

PROFESSIONAL EXPERIENCE:

(Please list your professional work history and areas of specialization)

CERTIFICATIONS OR DEGREES:

PROFESSIONAL ASSOCIATIONS OR ORGANIZATIONS:

Additional information may be required of the applicant by the Board before application is approved.

APPLICATION STATEMENT

I hereby authorize the ICSIA or any of its officers or agents to verify the accuracy of the information provided by me in my application for membership. I understand any false statements or misrepresentation of my experience or qualifications is cause for rejection of my application.

Applicant's Signature _____ Date: _____

Recommended by ICSIA Member: _____(print name)
(Recommendation is not required for membership)

MEMBERSHIP DUES

Application must be accompanied by payment of the appropriate membership fee. Individual Membership is \$25.00 for one year. International Members are \$25.00 for two years.

Check # _____ Amount _____ Date _____ or PayPal _____

ICSIA's Tax ID is FEIN 36-4282318

This application may be filled out online and sent as an email attachment and fees paid through PayPal link from the membership page. OR

Mail the completed application, supporting documentation and enclose a check, money order or purchase order (*Payable to ICSIA*) and send to:

**ICSIA Membership
P.O. Box 535851
Grand Prairie, TX 75053-5851
USA**

For questions about membership please e-mail: membership@icsia.org