



# California Conference of Arson Investigators

## APPLICATION FOR MEMBERSHIP

Active Membership: Any person 18 years of age or older who is a representative of a government agency, business, or industrial concern and is actively engaged in some phase of the suppression of arson or investigation of fires, at the time application is submitted, will be eligible for membership in the California Conference of Arson Investigators and receive full voting privileges (pending application review and approval by membership committee.) **Providing false information will result in cancellation of membership without a refund.**

I hereby apply for membership in the California Conference of Arson Investigators in accordance with its Constitution and By-Laws, and agree to be bound herewith. I am submitting this application along with payment for dues.

(Annual Dues 65.00 + \$5.00 processing fee OR Special Rate of \$125.00 for two years).

PLEASE TYPE OR PRINT

Form fields for personal information: FIRST NAME, MIDDLE INITIAL, LAST NAME, DATE OF BIRTH

### BUSINESS

Form fields for business information: EMPLOYED BY AGENCY/COMPANY NAME, BUSINESS ADDRESS/STREET, CITY, STATE, ZIP, RANK/POSITION HELD, HOW LONG, E-MAIL ADDRESS, OFFICE TELEPHONE #, FAX #

PLEASE ATTACH YOUR BUSINESS CARD

### RESIDENCE

Form fields for residence information: HOME ADDRESS, CITY, STATE, ZIP, HOME TELEPHONE #, E-MAIL ADDRESS, FAX #, OTHER TELEPHONE #

MAIL CORRESPONDENCE TO:  Office  Home  Other

CCAI PAST PRESIDENT

MEMBERSHIP ROSTER: Do you wish to have your name appear in the CCAI Membership Directory?  YES  NO

If YES, please indicate the section you wish your name to appear in:

- ATTORNEY  INSURANCE INDUSTRY  PRIVATE INVEST./CONSULT.  UTILITY COMPANIES
 FIRE SERVICE  LAW ENFORCEMENT  RETIRED  OTHER/MISC: (PLEASE SPECIFY)

ROUND TABLE AREAS: Please indicate, by area number, which Round Table you would like to attend: (Refer to reverse side of this form for Round Table Area & Number)

Empty box for Round Table Area selection

Do you have any criminal convictions (excluding traffic)?  YES (PLEASE PROVIDE DETAILS ON SEPARATE PAGE)  NO

REFERRED BY

TELEPHONE

REFERRED BY

TELEPHONE

ALL INFORMATION GIVEN BY ME ON THIS APPLICATION IS WARRANTED TO BE TRUE.

SIGNATURE

DATE

YOUR SIGNATURE ON THIS RENEWAL FORM DENOTES PERMISSION FOR CCAI TO PERFORM A COMPLETE CHECK INTO YOUR BACKGROUND

PAY BY CREDIT CARD:  VISA  MASTERCARD

Form fields for credit card payment: Amount, Card No., Expiration Date, Name on Card, Signature

### FOR OFFICE USE ONLY

Form fields for office use: Amount Received, Date Received, One/Two Year membership, CREDIT CARD (Auth. Date, Auth. No.), PAYMENT INFO (Check No., Check Date), CHECK (Co, Pers), NEXT RENEWAL DATE

OR SEND CHECK — PAYABLE TO:

California Conference of Arson Investigators
1279 North White Avenue, Pomona, CA 91768