

Professional Fire and Fraud Investigators Association

Application for Membership

I hereby apply for ACTIVE ASSOCIATE membership in the Professional Fire and Fraud Investigators Association and agree to be bound by the Association's Bylaws. Please find enclosed \$25.00 for annual dues. I understand that all applications are subject to approval of the Board of Directors.

**Please Print out form and mail.
PRINT OR TYPE ALL INFORMATION**

Full Name		Date of Birth
Social Security #		Driver's License# State
Email Address		
Home Address		Phone
City	State	Zip
Employer/Agency		Type of Business
Business Address	Phone	Fax
City	State	Zip
Preferred mailing address <input type="checkbox"/> Home Address <input type="checkbox"/> Business Address		
Job Title		No. of years experience
Describe your job as it relates to fire/fraud investigation :		
Have you ever forfeited bond, entered a plea of guilty or been convicted of any crime ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full on back of this form.		
List all formal fire/fraud investigation training:		
References (Including names, address, phone numbers and occupation).		
1.		
2.		
3.		
Person you wish to list as beneficiary for insurance:		
The statements I have made in this application are true and complete to the best of my knowledge and I hereby release authorized individuals to conduct a background investigation into my qualifications.		
		<i>Recommended by member in good standing:</i>
Applicant's Signature		Signature
Date:	Date:	Card #
Send to: P.F.F.I.A. Treasurer Bill Zieres 356 S. Melaleuca , Springfield , MO 65809		