



PROFESSIONAL FIRE AND FRAUD INVESTIGATORS ASSOCIATION



Application for Membership

I hereby apply for ACTIVE 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		Cell Phone	
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:			
Beneficiary contact information:			
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.			
Applicant's Signature		Date	

**Send to: P.F.F.I.A. Treasurer Bill Zieres
356 Melaleuca Dr., Springfield, MO 65809**