

**VERMONT CHAPTER
INTERNATIONAL ASSOCIATION OF ARSON
INVESTIGATORS**

WEBSITE VTIAAI.ORG

MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT

NAME: _____

**ADDRESS (INCLUDE ZIP
CODE)** _____

HOME PHONE NUMBER: _____

E MAIL ADDRESS: _____

EMPLOYED BY: _____

**BUSINESS
PHONE:** _____

**TYPE OF
BUSINESS:** _____

**YOUR TITLE OR JOB
DESCRIPTION:** _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

DATE OF APPLICATION: _____

YOUR SIGNATURE: _____

MAKE CHECKS PAYABLE TO:

VERMONT CHAPTER, IAAI

C/O/GENE BASTIAN

POB 5890, MIDDLEBURY, VT. 05753

DUES: 25.00 PER YEAR