



Wisconsin Association for Identification

A division of the International
Association for Identification

Membership Dues: \$20.00

Affiliate Membership Dues: \$50.00

For	Membership #: _____
WAI	Date Received: _____
Office	Payment Method: _____
Use	Date Accepted: _____
Only	

MEMBERSHIP CATEGORIES & QUALIFICATIONS

Active Membership: Active membership shall consist of employees of government law enforcement agencies and other government law enforcement related agencies whose job duties include one or more tasks to the collection, preservation, processing, analysis, and/or utilization of forensic evidence. To be considered an employee under this section, the person must be a bona fide employee who received a salary from a national, tribal, state, county, or some subdivision government thereof. Further, any active member in good standing shall not lose his or her active membership status because of retirement or other change in job status.

Associate Membership: All persons wholly or partially engaged in any of the various phases of the science of identification, and who are not qualified for active membership, are hereby eligible to become associate members. They shall in all respects be subject to the same rules, dues, fees, assessments, and charges and are entitled to the same rights and privileges as active members, except that they shall not be entitled to hold any elected office except as Director as provided in Sect. 4.01 of the by-laws

Student Membership: Student membership shall consist of all persons who are full-time college students at an accredited university or college with a major in law enforcement, criminal justice, and/or any forensic science related field. To be considered a full-time student, the individual must not be a member of this association, and must not be employed by a law enforcement agency. Any individual who is in any type of internship as part of their college course work shall be considered to not be employed by a law enforcement agency for the purpose of this section. **To qualify under these provisions the individual must include with the application for student membership and renewal, a letter, on college letterhead, from a professor or instructor verifying that the individual is qualified for student membership.**

Affiliate Membership: An affiliate member shall consist of business organizations that are interested in furthering the objectives of this Association.

Please select the type of membership to are applying for: **ACTIVE** **ASSOCIATE** **STUDENT** **AFFILIATE**

APPLICANT INFORMATION (THIS ADDRESS WILL BE USED FOR ALL CORRESPONDENCE)

Full Name: _____
 Agency: _____ Rank/Job Title: _____
 Address: _____ County: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

ADDITIONAL INFORMATION

Are you a member of the IAI? YES NO Membership Number: _____
 Are you certified with the IAI? YES NO If yes, in what area? _____
 Have you ever been convicted of a crime? YES NO If yes, please explain on a separate piece of paper.

PLEASE NUMBER UP TO THREE AREAS OF EXPERTISE (Write "1" for your primary discipline and then "2" and "3" for other areas)

- | | | |
|--|---|------------------------------|
| _____ Bloodstain Pattern Analysis | _____ Firearms/ Toolmark Examination | _____ Polygraph Examinations |
| _____ DNA Analysis | _____ Footwear and Tire Track Examination | _____ Questioned Documents |
| _____ Crime Scene Investigation | _____ Forensic Art | _____ Video Analysis |
| _____ Evidence/Property Management | _____ Forensic Photography/Electronic Imaging | _____ Voice Print/Acoustics |
| _____ Fingerprint/Tenprint Examination | _____ Laboratory Analysis | _____ Other: _____ |

BACKGROUND INFORMATION

EDUCATION

Technical College Attended:

Degree Earned:

College Attended:

Degree Earned:

Graduate School Attended:

Degree Earned:

Please add any other certificates, honors, or qualifications for membership (you may attach a copy of your current resume or curriculum vitae to this application):

RECOMMENDER

Full Name:

Employer:

Rank:

WAI Membership Number:

Phone Number:

WAI Member Signature:

If you don't have a recommender who is a member of the WAI, please have your supervisor, chief, or instructor/professor sign this form.

Signature:

Title:

Phone Number:

DISCLAIMER AND SIGNATURE

By signing below you acknowledge that you have read and understand the following:

1. I understand that application fees paid to the Association by any new applicant between *January 1 and December 31st* shall be applied to the membership dues for that calendar year only.
2. All applications **must** be accompanied by payment of fees payable to the WAI, which will be refunded if the application is rejected. Applicants submitting incomplete applications will be notified regarding the incompleteness of their applications.
3. I certify that my answers are true and complete to the best of my knowledge.
4. I understand that any omission or falsification of information will be the basis for rejection or denial of continued membership.

Signature and Date:

APPLICATION SUBMISSION & MEMBERSHIP INFORMATION

All applicants will be notified of receipt of their application via email. Membership cards are typically handed out at the Educational Conference held in March. Membership cards may be mailed out at any time at the discretion of the Secretary.

Please return completed application with payment to:

Julieanne P. Avila, WAI Secretary/Treasurer

C/O Wisconsin State Crime Laboratory

1578 S. 11th St.

Milwaukee WI, 53204

Application related questions can be directed to either Julieanne Avila or Adrianna Bast at (414) 382-7500