



APPLICATION FOR MEMBERSHIP

Annual dues must accompany the application, and will be refunded if the application is rejected.

Membership Qualifications (Active, Associate & Student)

Active Membership shall consist of persons employed in the Science of Identification or Forensic Science, Heads of Bureaus of Identification and Instructors and heads of accredited institutions of learning where Identification Subjects are taught.

Associate Membership shall consist of all reputable persons not qualified for Active Membership. They shall in all respects be subject to the same rules, fees and charges and entitled to the same rights and privileges of Active members, except they shall not be entitled to hold office or vote.

Student Membership shall consist of post secondary student enrolled in a college or university in a course related to the field of Forensic Science.

Annual dues	<u>Active and Associate Membership</u>	<u>Student Membership</u>
CDN\$	55\$	40\$

MAIL ANNUAL DUES TO:

*Henry Kinsella, Executive Director
Canadian Identification Society
19 Candow Crescent,
Stittsville, Ontario
K2S 1K7*

For additional information, please contact the Executive Director:

Phone (cell): (613) 314-0715
Fax: (613) 836-9447
Email: admin@cis-sci.ca

Please print a copy of the following form to accompany your Annual Dues payment.



OFFICIAL MEMBERSHIP FORM

I hereby make application for membership in the Canadian Identification Society, in accordance with its constitution and by-laws, and agree to be bound therewith.

PLEASE USE A LARGE CLEAR PRINTING STYLE

Full Name: (Surname, First, Middle) _____

Home Address: (Number, Street, Apt., City, Province, Postal Code) _____

Home Phone Number: _____ **Spouse Name:** _____

Email: _____

Department/ Employer/ School: _____

Position: _____ **How long?** _____

Business Address: (Number, Street, City, Province, Postal Code) _____

Business Phone Number: _____ **Fax:** _____

Email _____

I prefer my mail sent to: Home Office

