

**MEMBERSHIP APPLICATION** www.oioa.org

## **Return application to:**

Jennifer Yoak, Treasurer * 6077 Far Hills Avenue #113, Centerville, OH 45459 * 937-789-8123	
I hereby make application for active or student/association, in accordance with its Constitution and By-la must be accompanied by \$30.00, which includes the first y may pay by check made out to the OHIO IDENTIFICATION www.oioa.org under the "Membership" tab.	ws, and agree to be bound therewith. All applications ear's annual dues upon membership acceptance. You
	VE A LAPEL PIN for \$5.00 ***
If you select this option, you	our TOTAL DUE is \$35.00
PI FASE PRINT THE INFORMATIO	N REQUESTED BELOW CLEARLY
PERSONAL INFORMATION	PROFESSIONAL INFORMATION
Name:	Employed by:
Address:	Address:
City:	City:
State: Zip code:	State: Zip code:
Phone: ( )	Phone: ( )
Sex: M F	Official Title:
Send mail to: Home Work	Fax number: ( )
Email Address:	Email address:
Confirm Email Address:	Years of Experience:
Membership Active: Shall consist of Chiefs of Police, Chiefs of Detectives, Sheriffs, and all other persons who are employees of and are r governments, or sub-division thereof, and who are actively engaged in who are not qualified for active membership, are eligible to be to the same rules, duties, and charges and entitled to the same be entitled to vote or hold office.  State your qualifications:	receiving salaries from National, State, County and Municipal gaged in the practice of this profession.  In any the various phases of the science of identification and come Associate Members. They shall in all respects be subject
State your qualifications:	
Degrees or Honors:	
Have you ever been convicted of a crime? No yes	(explain details on back)
Signature of Applicant	

Print Name \_\_\_\_\_

Printed Name of Sponsor \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_