

International Association for Microanalysis (IAMA)



APPLICATION FORM

All Membership Applications Require A \$10.00 Non-Refundable Fee Payable To IAMA.

Application as: F (Checkmark Applicable Level)	Regular Member	Associate Member	Student Member	
Name:			DOB:	
Γitle:		D:	Date of Employment:	
Employer:				
Mailing Information:	(Fill in Prefe	rred Mailing Address)		
Business Address:		Home Address:	Home Address:	
City:				
State:Zip Code:			State:Zip Code:	
Phone: ()		Phone: ()		
FAX: ()		FAX: ()	FAX: ()	
E-mail:		E-mail:		
Applicant's Area of Exp Biology	Breath Alcohol	heck All That Apply) Crime Scene	Documents	
Drugs	Firearms	Latent Prints	Management	
Toxicology	Photography	Trace	Training	
Submit a Curriculum Vi Educatior Professio		Professional Traini	ng ization Memberships	
References: (Must be Regu	llar or Distinguished Members.	REQUIRED FOR APPLICATION PROCE	ESS)	
NAME	NAME EMPLOYER		TELEPHONE	
1				
2.				
Signature:			Date:	

Mail Completed Forms Along with Curriculum Vitae Attention: