REPLY FORM

The information contained herein will be used by the Nomination Committee only!

Please type your answers.

(FORM SUBMISSION MUST BE ON OR BEFORE September 1, 2027)

Reset Form

NAME:

DATE OF BIRTH: E-MAIL ADDRESS:

IAAI MEMBERSHIP #: ZONE:

HOME ADDRESS:

EMPLOYER:

BUSINESS ADDRESS:

HOME PHONE: BUSINESS PHONE:

1. Are you a member of both the Illinois Chapter of the IAAI and the IAAI, and if so, have you been a member for at least one year and are you in good standing? ☐ Yes ☐ No

2. Do you have a minimum of one year serving in a reasonable position in some phase of fire and/or Arson investigation? ☐ Yes ☐ No

3. Have you attended at least one IL-IAAI Annual General Meeting? (If yes please provide the year and a certificate of attendance!) ☐ Yes ☐ No

4. Have you been active in the Chapter and/or served on any Committees? (If so, pleaser provide the Committee name!) ☐ Yes ☐ No

By signing my name herein, I attest the information provided above is the truth to the best of my knowledge and accept the nomination. I furthermore authorize the Nomination Committee to complete a background search in effort to verify my qualification. (False and/or non-verifiable information shall be grounds for disqualification as a Nominee).

Signature: Date: