# 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)**

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: