



## 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, 2026)**

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, please 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: