



**THE INTERNATIONAL ASSOCIATION
FOR
CHEMICAL TESTING, INC.**

MEMBERSHIP APPLICATION
(PLEASE PRINT OR TYPE)

NAME: _____ TITLE: _____
LAST FIRST MIDDLE

MAILING ADDRESS: _____
STREET CITY STATE ZIP+4

TELEPHONE: (____) _____ (____) _____ (____) _____
WORK OTHER FAX

E-MAIL ADDRESS: _____

EMPLOYER _____

EMPLOYER ADDRESS: _____
(IF DIFFERENT FROM ABOVE) STREET CITY STATE ZIP+4

POSITION: _____ LENGTH OF EMPLOYMENT: _____

PLEASE INCLUDE A CURRENT CURRICULUM VITAE WITH YOUR APPLICATION

APPLICANT'S SIGNATURE _____ DATE _____

RECOMMENDATION BY CURRENT REGULAR (NOT ASSOCIATE) MEMBER ONLY

I VERIFY THAT THE ABOVE AND ATTACHED INFORMATION IS CURRENT AND CORRECT. I RECOMMEND THIS APPLICANT FOR MEMBERSHIP TO THE INTERNATIONAL ASSOCIATION FOR CHEMICAL TESTING.

SIGNATURE _____ DATE _____

REGULAR MEMBER'S NAME _____ TELEPHONE _____
(PLEASE PRINT)

Send completed application and enclose \$65.00 in the form of a check or money order payable to IACT, \$15 of which is a non-refundable processing fee. The remaining \$50.00 will be your first year's annual membership fee, contingent upon membership approval at an IACT annual meeting. Mail completed application to:

TREY MILES
Special Agent Forensic Scientist
Breath Alcohol Section
Tennessee Bureau of Investigation
901 R.S. Gass Blvd.
Nashville, TN 37216