

IDIA Membership Application

Iowa Death Investigators Association

P.O. Box 171
Marion, Iowa 52302

IDIA membership is limited to the following categories of people: (1) Sworn law enforcement personnel, (2) Civilian employees of law enforcement agencies whose duties relate to death investigation, (3) Retired law enforcement personnel, (4) Prosecutors, (5) Medical Examiners, (6) Medical Examiner investigators, (7) Membership may also be granted, by simple majority vote of the IDIA Board, to persons who work in disciplines not listed in categories 1 through 6 noted above.

I am applying for the following membership:

_____ **Active** \$20.00 Indicate applicable category of membership _____ (1-7 above)
_____ **Renewal** \$20.00

Please make payment to IDIA at mailing address listed above.

Check #: _____

Date of Application: _____

Name: _____
(Please Print) First Middle Last

Title/Rank: _____ **Agency:** _____

Business Address: _____
Street City/State/County/Zip Code

Business Telephone: _____ **Fax:** _____ **e-mail:** _____

Residence Address: _____
Street City/State/County/Zip Code

Residence Phone: _____ **e-mail:** _____

Send mail to: (circle one) Business Residence Use e-mail (circle one) Business Residence

Signature of Applicant: _____

PLEASE FURNISH THE FOLLOWING BIOGRAPHICAL DATA

Job Description _____

Length of time in Law Enforcement: _____

Length of time in present position: _____

For questions please contact: Kevin Winker, Telephone 515-281-6203
Email - winker@dps.state.ia.us

Note: Your application should be accompanied by a check for the amount listed above and a letter from your department on "Department letterhead" signed by the head of the agency or head of personnel records stating that you are employed that department and in what capacity.