



Arizona Association of Licensed Private Investigators
 Mail to: 20280 N. 59th Ave Suite 115-631 Glendale, AZ 85308
 Office: 602-225-7400

MEMBERSHIP APPLICATION

Applicant is:

- Full Member
- Limited Member
- Affiliate Member
- Student Member

Full Member; open to all person(s) who meet the eligibility requirements set forth by the appropriate department of any state, federal, or foreign governmental entity, to conduct private investigations within their respective jurisdictions.

Limited Member; open to any principle, including corporate officers, LLC members, partners, limited partners, or any employee of any licensed investigation agency in the state of Arizona or any other jurisdiction and investigators who by virtue of their employment are not required to be licensed under Arizona Law.

Affiliate Member; open to all persons engaged in a profession or occupation related to private investigations, or who exhibit and express an interest in furthering the standards and objectives memorialized in the preamble or Article II of these bylaws.

Student Member; open to all students of any accredited university, college, or private school enrolled in a course of study which is related to the field of investigations.

Check here if you are a former/returning member.

Applicant Information (*information to be kept confidential, non-publishable)

Full Name: _____ State Individual PI License # _____ Exp. _____

*Home Phone: _____ *Mobile _____ *Home Email: _____

Agency/Employer Name _____ **Agency Bus. License #** _____

Business Address _____
 City _____
 State: _____
 Zip: _____

Office Telephone _____ Fax _____

Office Email _____ Website _____

The following information must be provided along with membership dues:

- Have you ever been convicted of any crime?** Yes No If Yes, provide location, date, and charge. Include any convictions that have been expunged or set aside.



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2. Provide three (3) personal references. Include name, full address, and current telephone number.

- a. Name: _____
Full Address: _____
Current Telephone: _____
- b. Name: _____
Full Address: _____
Current Telephone: _____
- c. Name: _____
Full Address: _____
Current Telephone: _____

3. Attach a paragraph describing yourself, your work history, your investigative specialties, and years of experience. A resume may also be attached.

Completed: Yes No

4. How did you hear about AALPI?

- Website Capital Times AALPI's Newsletter PI Magazine
 Other source, please identify: _____
 An AALPI Member, please identify: _____

5. Why do you want to join AALPI?

6. Applicant MUST attach a clear, legible copy of the following in order for processing to occur:

- Your agency business license.
 The front **and** back of your individual PI identification card.
 Other



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Applicant's signature signifies that all the information provided is true and accurate to the best of their knowledge and further authorizes AALPI to conduct such inquiries deemed necessary to determine eligibility for membership.

Applicant Signature: _____ Date: _____

(PLEASE PRINT AND SIGN)

Dues*

- Annual Dues; Full Member \$110.00
 Associate Member \$55.00
 Affiliate Member \$ 75.00
 Student Member \$25.00

- Membership Plaque - \$45 (additional)
- Check # enclosed.
- Charge my credit card. (Sorry, **no** American Express or Discovery)
 - VISA
 - MasterCard
 Card # _____ Expiration Date _____ (00/00):

Cardholder Signature: _____ Date: _____

(PLEASE PRINT AND SIGN)

*NOTE: Should your application for membership be denied, you will be refunded any dues paid less a 25% processing and evaluation fee. Also, there is a \$30 fee for any processing denials or insufficient funds charges. Approved membership dues are non-refundable.

QUESTIONS? Call the administrative office at 602-225-7400 or email info@aalpi.org.

For AALPI Use Only:

Date Received _____ Date of Final Board Approval _____

Date Plaque Shipped _____