



Membership Application

SELECT YOUR HOME ASSOCIATION

- CALI :**
65 Enterprise
Aliso Viejo, CA 92656
T: (800) 350-2254
E: info@cali-pi.org
- FALI :**
PO Box 2896
Dunedin, FL 34697
T: (888) 845-3254
admin@fali.org
- TALI :**
2951 Marina Bay Dr. #130-564
League City, TX 77573
T: (877) 444-8254
E: admin@tali.org

BACKGROUND CODE:

- EDU** Education (College)
- FED** Federal Law Enfnt.
- GOV** Government
- INS** Insurance
- INT** International
- JOU** Journalism
- MAR** Maritime
- MIL** Military
- MUN** Police/Sheriff
- OJE** On the Job Experience
- PDO** Public Defender's Ofc
- STA** State Police/Hwy Patrol
- LPP** Licensed Professional

serving
investigators
CALI FALI TALI

NAME:		Your State License #	
AGENCY NAME:			
ADDRESS:		Suite or Unit:	
CITY:		STATE:	ZIP CODE:
OFFICE PH: () —	URL: http://www.		
MOBILE PH: () —	AGENCY LIC #:	STATE:	
FAX LINE: () —	Country:		
NOTICE: CALI, FALI and TALI Do NOT Sell or Share this information.			
Business E-Mail:		Alternate E-Mail:	

Membership Classification: DISCOUNTED DUES PRINTED BELOW

<input type="checkbox"/> CALI ASSOCIATE In-House or Out of State PI Any qualified and vetted non-licensed or licensed investigator who works in or out of California. (Reg: Annual Dues \$199) <input type="checkbox"/> \$99. 1-Year (12 Months) <input type="checkbox"/> \$199. for 2-Years	NOTICE: To qualify for this membership discount you must be a member in good standing with CALI, FALI or TALI. Members will have all rights, privileges and benefits upon joining as an In-House or Out-of-State member.
<input type="checkbox"/> FALI AFFILIATE In-House or Out of State PI Any qualified and vetted non-licensed or licensed investigator who works in or out of Florida. (Reg: Annual Dues \$100) <input type="checkbox"/> \$50. 1-Year (12 Months) <input type="checkbox"/> \$100. for 2-Years	
<input type="checkbox"/> TALI ASSOCIATE: In-House or Out-of-State PI qualified and vetted non-licensed or licensed investigator who works in or out of Texas. (Reg: Annual Dues \$100) <input type="checkbox"/> \$87.50 1-Year (12 Months) <input type="checkbox"/> \$175. for 2-Years	Special Code to JOIN Online: TheBig3

DUES PAYMENT:	<input type="checkbox"/> CHECK	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> AMEX	CVV#
Cardholder Name:			Card No:		
Expiration Date: / /		Billing Zip Code:		Authorized Amt: \$.	

Specialty and Background Codes - Your listing can include up to six Specialty and five Background Codes. These codes will help to provide some background about you and your firm. It is a good networking tool that helps others to identify investigators with the skills that they may need when selecting a consultant to assist them. (Limit to 6)

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| <input type="checkbox"/> ACC - Traffic Accident/Reconstruction | <input type="checkbox"/> FRA - Forensic Accounting | <input type="checkbox"/> PRB - Probate/Missing Heirs |
| <input type="checkbox"/> ARS - Arson | <input type="checkbox"/> FRD - Fraud, General | <input type="checkbox"/> PRD - Product Liability |
| <input type="checkbox"/> AST - Asset Checks | <input type="checkbox"/> GEN - General Investigations | <input type="checkbox"/> SEC - Security Consulting |
| <input type="checkbox"/> AVN - Aviation/General Investigation | <input type="checkbox"/> IFB - Information Broker | <input type="checkbox"/> SKT - Skip Tracing |
| <input type="checkbox"/> BKG - Background/pre-employment | <input type="checkbox"/> IND - Industry Accident | <input type="checkbox"/> SUR - Surveillance |
| <input type="checkbox"/> BOA - Boat Accident | <input type="checkbox"/> INS - Insurance | <input type="checkbox"/> SWM - Swim/Scuba Accidents |
| <input type="checkbox"/> CIV - Civil/Legal Investigations | <input type="checkbox"/> MAL - Malpractice/Medical | <input type="checkbox"/> TRP - Trial Preparation |
| <input type="checkbox"/> COM - Computer/Forensic, Fraud | <input type="checkbox"/> MIS - Missing Persons | <input type="checkbox"/> VID - Video/Forensic/Deposition |
| <input type="checkbox"/> COR - Corporate/General | <input type="checkbox"/> MRT - Maritime/Accident/Cargo | <input type="checkbox"/> WHT - White Collar Crime |
| <input type="checkbox"/> CRM - Criminal Defense | <input type="checkbox"/> ORG - Organized Crime | <input type="checkbox"/> WKR - Workers Comp |
| <input type="checkbox"/> DDR - Drunk Driving Defense | <input type="checkbox"/> PAR - Paralegal | <input type="checkbox"/> WRG - Wrongful Death |
| <input type="checkbox"/> DOC - Document Examiner | <input type="checkbox"/> PHO - Photography/Forensic | <input type="checkbox"/> Other - _____ |
| <input type="checkbox"/> DOM - Domestic | <input type="checkbox"/> PIN - Personal Injury | |
| <input type="checkbox"/> DRG - Drug Testing | <input type="checkbox"/> PMM - Police Misconduct | |
| <input type="checkbox"/> DUD - Due Diligence | <input type="checkbox"/> POL - Polygraph | |
| <input type="checkbox"/> EXP - Executive Protection | <input type="checkbox"/> PPS - Process Service | |

How did you hear about us?	Referred by:
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I hereby acknowledge that I am applying for Membership. By signing this application I understand a review of the information I have submitted herein will be conducted and any false information will result in the denial and or revocation of my Membership. If accepted I agree to abide by the Constitution and By-Laws of the association.

SIGNATURE:	DATE:
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