



California Association of Licensed Investigators

Membership Information and Requirements

Classifications of Membership and Fees

As an added convenience, CALI offers multi-year discounts, pay over time, and auto renew options to make membership in CALI easier than ever!

ACTIVE MEMBERSHIP

An individual who is a Qualified Manager licensed by the State of California to practice Private Investigations shall be eligible for active membership.

- Submit a photocopy of your PI license issued by the State of California to practice Private Investigations to verify Qualified Manager status.

- Annual Membership dues:

One Time Payment (Multi-year Discounts)

- 1 Year – \$225
- 2 Years – \$405 (save \$45)
- 3 Years – \$575 (save \$100)

Pay Over Time (12 recurring payments)

- \$20.75 per month

Yearly Auto Renew

- \$225 will be deducted from your checking account on your anniversary date

ASSOCIATE MEMBERSHIP

An individual who is a Qualified Manager, licensed outside the State of California to practice Private Investigations; and the principal place of business is outside the state of California shall be eligible for an associate membership.

- Submit a photocopy of your PI license or the equivalent in your jurisdiction.

- Annual Membership dues:

One Time Payment (Multi-year Discounts)

- 1 Year – \$229
- 2 Years – \$410 (save \$48)
- 3 Years – \$585 (save \$102)

Pay Over Time (12 recurring payments)

- \$21.08 per month

Yearly Auto Renew

- \$229 will be deducted from your checking account on your anniversary date

AFFILIATE MEMBERSHIP

Any individual who is an employee or a non-Qualified Manager, officer, owner or partner of a licensed private investigator or is an employee of a state, federal, county municipal, or proprietary agency exempted for licensure is eligible for Affiliate membership.

- Submit a letter from your employer, on their agency letterhead, verifying your employment status.

- Annual Membership dues:

One Time Payment (Multi-year Discounts)

- 1 Year – \$169
- 2 Years – \$299 (save \$39)
- 3 Years – \$430 (save \$77)

Pay Over Time (12 recurring payments)

- \$16.08 per month

Yearly Auto Renew

- \$169 will be deducted from your checking account on your anniversary date

SECURITY SERVICES MEMBERSHIP

Any individual who is licensed by the State of California as a Private Patrol Operator shall be eligible for a Security Services membership. The membership is taken as an individual and is not transferable. The Security Services membership shall not have the right to vote or hold office, to include the position of District Governor.

- Submit a photocopy of your PPO license issued by the State of California to practice Private Patrol Operations.

- Annual Membership (individual membership) dues:

One Time Payment (Multi-year Discounts)

- 1 Year \$115
- 2 Years \$205 (save \$25)
- 3 Years \$295 (save \$50)

Pay Over Time (12 recurring payments)

- \$11.58 per month

Yearly Auto Renew

- \$115 will be deducted from your checking account on your anniversary date

SERVICE & INDUSTRY MEMBERSHIP

An individual providing services/products relating to the investigation or security profession.

- Annual Membership dues:

One Time Payment (Multi-year Discounts)

- 1 Year – \$345
- 2 Years – \$620 (save \$70)
- 3 Years – \$879 (save \$156)

Pay Over Time (12 recurring payments)

- \$30.75 per month

Yearly Auto Renew

- \$345 will be deducted from your checking account on your anniversary date

PRE-LICENSED MEMBERSHIP

Any individual who is currently enrolled in a private or state university, community college or private accredited vocational institute and undertaking a course in criminal justice and/or private investigation discipline may be eligible for Pre-Licensed membership. Pre-Licensed members do not have access to the CALI Member Listserv.

- Submit proof of enrollment in a criminal justice and/or private investigation course.

- Annual Membership dues:

One Time Payment

- 1 Year – \$99

Membership fees are not refundable.



California Association of Licensed Investigators

Membership Application

Membership Type: _____

First Name: _____ Last Name: _____

Date of Birth (confidential—not for publication): _____ PI License Number: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Cell Phone: _____

Email: _____ Website: _____

CALI District affiliation: If your business address is in California, select one district:

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Central Coast | <input type="checkbox"/> Inland Empire | <input type="checkbox"/> Orange | <input type="checkbox"/> San Diego | <input type="checkbox"/> San Jose |
| <input type="checkbox"/> East Bay | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Redding/Chico | <input type="checkbox"/> San Francisco | <input type="checkbox"/> South Bay/Long Beach |
| <input type="checkbox"/> Golden Valley | <input type="checkbox"/> North Bay | <input type="checkbox"/> Sacramento | <input type="checkbox"/> San Joaquin South | <input type="checkbox"/> None |

Check Specialties (maximum 5):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Accident Reconstruction (ACC) | <input type="checkbox"/> Computer Crimes, Internet Security (COM) | <input type="checkbox"/> Identity Theft (IDT) | <input type="checkbox"/> Product Liability (PRD) |
| <input type="checkbox"/> Adoption (ADP) | <input type="checkbox"/> Construction Sites (CON) | <input type="checkbox"/> Industrial Accidents (IND) | <input type="checkbox"/> Public Interest Investigations (PII) |
| <input type="checkbox"/> Asset Checks (AST) | <input type="checkbox"/> Corporate Investigations (CCR) | <input type="checkbox"/> Insurance Adjusting (ADJ) | <input type="checkbox"/> Real Estate (REA) |
| <input type="checkbox"/> Auto, Truck, Motorcycle (AUT) | <input type="checkbox"/> Covert Video (COV) | <input type="checkbox"/> Insurance (INS) | <input type="checkbox"/> Retired (RET) o Security (SEC) |
| <input type="checkbox"/> Adjusting — Insurance (ADJ) | <input type="checkbox"/> Criminal Investigations, Defense (CRM) | <input type="checkbox"/> Medical, Legal Malpractice (MAL) | <input type="checkbox"/> Skiptrace (SKT) |
| <input type="checkbox"/> Alien Tort (AT) | <input type="checkbox"/> Child Custody (CUS) | <input type="checkbox"/> Missing Persons (MIS) | <input type="checkbox"/> Surveillance (SUR) |
| <input type="checkbox"/> Aviation (AVN) | <input type="checkbox"/> Civil Investigations (CVL) | <input type="checkbox"/> Maritime (MRT) | <input type="checkbox"/> Tech Surveillance Countermeasures (TSCM) |
| <input type="checkbox"/> Body Guard, Executive Protection (BDY) | <input type="checkbox"/> Drunk Driving Defense (DDR) | <input type="checkbox"/> Mystery Shopping (MSH) | <input type="checkbox"/> Toxics, Hazardous Waste (TOX) |
| <input type="checkbox"/> Background Investigations (BKG) | <input type="checkbox"/> Document Examination | <input type="checkbox"/> Organized Crime (ORG) | <input type="checkbox"/> Trial Preparation (TRP) |
| <input type="checkbox"/> Boating (BOA) | <input type="checkbox"/> Domestic (DOM) | <input type="checkbox"/> Patrol (PAT) | <input type="checkbox"/> Undercover (UND) |
| <input type="checkbox"/> Bank and Accounting Fraud (BNK) | <input type="checkbox"/> Drugs (DRG) | <input type="checkbox"/> Photography (PHO) | <input type="checkbox"/> Voice Stress (VOX) |
| <input type="checkbox"/> Birth Parent/Adoption Locate (BPAL) | <input type="checkbox"/> Explosives, Firearms (EXP) | <input type="checkbox"/> Personal Injury (PIN) | <input type="checkbox"/> White Collar Crime (WHT) |
| <input type="checkbox"/> Children's Right, Child Abuse (CHL) | <input type="checkbox"/> Fire Causation (ARS) | <input type="checkbox"/> Polygraph (POL) | <input type="checkbox"/> Workers' Comp (WKR) |
| | | <input type="checkbox"/> Process Service (PPS) | |
| | | <input type="checkbox"/> Probate, Missing Heirs (PRG) | |

Check background codes (maximum 5) and list number of years of experience:

- | | | |
|--|---|--|
| <input type="checkbox"/> Education/College (EDU) _____ | <input type="checkbox"/> Intelligence (INT) _____ | <input type="checkbox"/> On the Job Experience (OJE) _____ |
| <input type="checkbox"/> Federal Government (FED) _____ | <input type="checkbox"/> Investigative Journalist (JOU) _____ | <input type="checkbox"/> Security (SEC) _____ |
| <input type="checkbox"/> State, Local Government (GOV) _____ | <input type="checkbox"/> Military (MIL) _____ | <input type="checkbox"/> State Police/Highway Patrol (STA) _____ |
| <input type="checkbox"/> Insurance Adjusting/Claims Investigator (INS) _____ | <input type="checkbox"/> Peace Officer/Sheriff (MUN) _____ | |

List foreign languages (maximum 5): _____



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Membership Application

I have reviewed the membership requirements, and enclosed the supporting documents with my membership application. I understand that my application will not be processed if the required supporting documents are not enclosed. Please initial _____

Membership Type: _____ Membership Fee: _____

Please select one payment option below:

One time credit card payment Pay over time (12 recurring payments)

Credit Card Information: Visa MasterCard American Express Discover

Card Number: _____ Exp. Date: _____ Sec. Code: _____

Card Mailing Address: _____

Cardholder Name: _____ Cardholder Signature: _____

Check is enclosed

Check Amount: _____ Check #: _____

Sign me up for yearly auto renew (account information below)

Account Type: Personal Business Account is: Savings Account Checking Account

Name of the Account: _____

Routing Number: _____

Account Number: _____ Re-Enter Account Number: _____

Account Mailing Address: _____

I hereby apply for membership in CALI. I authorize representatives of CALI to make a thorough review of my application. I understand that, unless otherwise indicated, information on this application will be available for publication. I understand that submitting false information on this application will result in revocation of my membership. I agree to abide by the Bylaws of the Association and all rules and policies applicable to my membership.

Signature: _____ Date: _____

Referred By: _____

MEMBERSHIP CANCELLATION POLICY

CALI membership fee is non-refundable once membership has been approved and/or for lack of Listserv usage or Listserv removal due to sanction/listserv rule violation(s).

Memberships are for individuals and are not transferable. The membership cycle is on a 12-month basis and members are assigned an anniversary date; therefore, regardless of which month you join, you will receive benefits for a full 12 months.

You may fax this application form to (949) 715-6931

California Association of Licensed Investigators
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