

P.A.L.I.

Pennsylvania Association of Licensed Investigators, Inc.

P.O. Box 10237, Calder Square, State College, PA 16805-0237

Phone: 814-404-4049 Fax: 814-238-3204

MEMBERSHIP APPLICATION

All applicants for membership in the PALI must comply with the following:

1. Answer all questions on this application. Please print or use a typewriter.
2. Submit two checks: a non-refundable application fee of \$25.00 and \$75.00 dues payment with application.
3. Attach: **a)** copy of PI license and/or PI photo ID, **b)** copy of bond, and **c)** and proof of insurance (if you carry).

Type of Membership: **Active** **Associate** **Affiliate** **Service & Industry**

Active: Open to any individual who meets the eligibility requirements set forth by the Commonwealth of Pennsylvania and is licensed.

Associate: Open to any individual residing outside of the Commonwealth of Pennsylvania and who is qualified to operate as a private investigator under the respective laws and regulations existing in that person's jurisdiction.

Affiliate: Open to any individual engaged in the profession of private investigations, or private security services, or who exhibits and expresses an interest in furthering the standards and objectives of PALI.

Service and Industry: Open to any individual or corporation that provides services or products relating to the private investigative industry and has an interest in furthering the standards and objectives of PALI.

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Fax: _____

E-Mail Address: _____ Cell Phone: _____ Pager: _____

PRESENT EMPLOYER

Employer: _____ Position: _____

Business Address: _____ County: _____

City: _____ State: _____ Zip: _____ Bus. Ph# _____

Does your state, city, etc., require you to be licensed as an investigator? _____ If so, are you licensed? _____

By what agency / authority? _____ Date license issued _____ Lic.# _____

If licensed in multiple jurisdictions, please attach an addendum hereto showing additional licenses.

Have you ever been denied an investigator's license or has your license ever been suspended or revoked?

Yes No If yes, explain: _____

Have you ever been terminated from a position of investigator? Yes No

If yes, explain: _____

Have you ever been arrested and/or convicted of a crime other than a traffic offense? Yes No

(Note: an affirmative response does not necessarily preclude you from membership) If yes, explain: _____

EMPLOYMENT HISTORY:

Please list the names, addresses and phone numbers of your past three (3) employers:

EDUCATION AND REFERENCE INFORMATION:

What level of formal education have you obtained? _____

Have you written or been a lecturer/speaker on any investigation-related subjects? If so, explain: _____

List two personal references other than relatives or present/previous employers:

1. Name: _____ Occupation: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Work Phone: _____

2. Name: _____ Occupation: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Work Phone: _____

Please list the PALI member that is sponsoring your membership application, and give his/her full name & address:

Do you pledge your support to the By-laws and Code of Ethics for PALI (can be found at www.pali.org)?

Yes No

CERTIFICATION AND RELEASE OF INFORMATION AUTHORIZATION

I am applying for membership in the Pennsylvania Association of Licensed Investigators, Inc. I understand that submitting false, misleading, or incomplete information on this application will result in revocation of my membership. I understand that all information provided to PALI must be done in writing. If it is necessary to augment or correct information, it must be in writing. I agree to abide by the Bylaws, Code of Conduct, and Code of Ethics of PALI. I will voluntarily surrender my PALI membership, if any violation of the Bylaws, Code of Conduct, or Code of Ethics is found, following proper procedures identified in the Code of Conduct. I have not tried to mislead nor conceal facts concerning my background or qualifications for membership. I further understand that if my application is accepted, any false, misleading, or incomplete statements on this application shall be considered sufficient cause for denial or termination of membership. **I hereby authorize PALI to make any investigation of my personal, professional and employment history for the purpose of determining my eligibility for membership. This authorization releases and indemnifies any person, company or agency who furnishes such information from any liability whatsoever.** A photocopy of this form shall be as valid as the original. This authorization is valid for 180 days from date of signature.

I solemnly affirm, under the penalties of unsworn falsifications, that the contents of the foregoing are true to the best of my knowledge, information and belief.

Applicant's Signature: _____ **Date:** _____

FOR BOARD USE ONLY

Investigation:

- Reference # 1 Comment: _____
 - Reference:# 2 Comment: _____
 - Comments: _____
-

Recommendation: Approved Rejected

Result of background investigation: _____

Chairperson of Membership Committee: Signature: _____ **Date:** _____