

PALI

Pennsylvania Association of Licensed Investigators

P.O. Box 651, Lemont, PA 16851-0651

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MEMBERSHIP APPLICATION

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

1. Answer all questions on this application. Use a typewriter, download a fillable form or submit your membership application online at pali.org/joinus.
2. Submit Payment: A non-refundable application fee of \$25.00 plus membership dues according to the following schedule, based on when the application is submitted:

January 1 – June 30: \$100.00 dues payment

July 1 – October 31: \$50.00 dues payment

November 1 – December 31: \$100 dues payment (will be applied to the following year)

Type of Membership: Full Associate Affiliate Service & Industry

Full: 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: _____

PRESENT EMPLOYER:

Employer: _____ Position: _____

Business Address: _____ County: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

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, include additional license information.

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:

OTHER INFORMATION:

If you would be interested in being a lecturer/speaker at a PALI event, please describe the investigation-related subjects(s) and your expertise:

Optional: Please list the PALI member that is sponsoring your membership application:

Do you pledge your support to the Bylaws and Code of Ethics for PALI (can be found at 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:** _____

SPECIALTY DATA SHEET FOR WEB SITE

Please provide the following information for your page of the PALI website:

Name: _____ Email Address: _____

Company: _____ Company Website: _____

Street Address: _____ City: _____

County of Licensing: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____ Fax: _____

Certifications: CPP, CFE, CFC, CLI, BCFE, CII, CPA Other Certifications: _____

Major metropolitan area that you would like listed as closest to you: _____

Investigative Specialties

Select the **top three (3)** specialties you would like your company to be listed under:

- | | |
|---|--|
| <input type="checkbox"/> Accident Investigation
<input type="checkbox"/> Accident Reconstruction
<input type="checkbox"/> Adoptions/Biological Parents
<input type="checkbox"/> Aerial Photography
<input type="checkbox"/> Arson Investigation
<input type="checkbox"/> Aviation Issues
<input type="checkbox"/> Background Investigation
<input type="checkbox"/> Banking Community
<input type="checkbox"/> Cell Tower Tracking
<input type="checkbox"/> Cellular Forensics
<input type="checkbox"/> Child Abuse Investigation
<input type="checkbox"/> Civil Investigation/Litigation Support
<input type="checkbox"/> Computer Forensics
<input type="checkbox"/> Corporate Investigation
<input type="checkbox"/> Covert CCTV Installation
<input type="checkbox"/> Criminal & Civil Investigation/Support
<input type="checkbox"/> Criminal Investigation/Support
<input type="checkbox"/> Crisis Management
<input type="checkbox"/> Custody & Support Issues
<input type="checkbox"/> Database Searches
<input type="checkbox"/> Debugging Services
<input type="checkbox"/> Domestic Investigation
<input type="checkbox"/> Drug Investigation
<input type="checkbox"/> Due Diligence
<input type="checkbox"/> Employment/Pre-Employment Issues
<input type="checkbox"/> Environmental Issues/Investigation
<input type="checkbox"/> Ethics Issues
<input type="checkbox"/> Expert Witness
<input type="checkbox"/> Explosives
<input type="checkbox"/> Financial Investigation
<input type="checkbox"/> General Investigation
<input type="checkbox"/> GPS Tracking | <input type="checkbox"/> Homicide/Death Investigation
<input type="checkbox"/> Insurance/Fraud Investigation
<input type="checkbox"/> Internal Theft Investigation
<input type="checkbox"/> International Investigation
<input type="checkbox"/> Interviews/Witness Locates
<input type="checkbox"/> Loss Prevention/Asset Protection
<input type="checkbox"/> Major Theft
<input type="checkbox"/> Medical Malpractice
<input type="checkbox"/> Missing Persons
<input type="checkbox"/> Nursing Home Abuse
<input type="checkbox"/> Personal Injury Investigation
<input type="checkbox"/> Photography
<input type="checkbox"/> Polygraph Services
<input type="checkbox"/> Process Services
<input type="checkbox"/> Product Counterfeiting
<input type="checkbox"/> Product Liability Investigation
<input type="checkbox"/> Profiling
<input type="checkbox"/> Protective Service
<input type="checkbox"/> Real Estate Investigation
<input type="checkbox"/> Risk Management
<input type="checkbox"/> School Security
<input type="checkbox"/> Security Consulting/Training
<input type="checkbox"/> Security Officer Deployment
<input type="checkbox"/> Security Surveys
<input type="checkbox"/> Sex Crimes
<input type="checkbox"/> Statement Analysis
<input type="checkbox"/> Surveillance
<input type="checkbox"/> Technical Countermeasures
<input type="checkbox"/> Trademark Protection
<input type="checkbox"/> Undercover Operations
<input type="checkbox"/> White Collar Crime
<input type="checkbox"/> Workers' Compensation Investigation |
|---|--|

FOR BOARD USE ONLY

Investigation:

• Reference #1 Comments: _____

• Reference #2 Comments: _____

• Reference #3 Comments: _____

• Other Notes: _____

Result of background investigation: _____

Recommendation: Approved Rejected

Membership Chair Signature: _____ **Date:** _____