



ARIZONA ASSOCIATION OF LICENSED PRIVATE INVESTIGATORS

8426 E. Wilshire Drive, Scottsdale, AZ 85257

Phone: (480) 535-6620

MEMBERSHIP APPLICATION

I am applying
for:

Full Membership (\$100): Open to the Qualifying Party or named partner of a PI company. If applicant is outside Arizona, they must be eligible to conduct private investigations within their respective jurisdiction.

Limited Membership (\$75): Open to principals (corporate officers, LLC members, partners, limited partners) and employees of a private investigation company. In Arizona, open to investigators who are not required by their employment to be licensed.

Affiliate Membership (\$55): Open to all persons engaged in a profession or occupation related to private investigations, or to persons who exhibit and express interest in furthering the objectives and standards of the investigative industry.

Student Membership (\$25): Open to students of an accredited university, college or private school who are enrolled in a program related to private investigations.

Check here if you are a former/returning member.

Applicant Information

Your business information will be printed in the Membership Directory section of the website.
Please notify AALPI of any needed changes.

Full Name Individual State Exp.
 PI License #

Home Phone Mobile Home Email

Agency/Employer Bus. License #

Business Address
 Street/Mailing Address

City State Zip Code

Office Phone Fax

Office Email Web Site

PLEASE LIST YOUR NAME AND BUSINESS INFORMATION EXACTLY AS YOU WISH IT TO APPEAR IN THE MEMBERSHIP DIRECTORY SECTION OF THE AALPI WEBSITE.

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Please list your investigative specialties:

How did you hear about AALPI?

Web Site? _____ PI Magazine? _____

Other? Please Specify: _____

AALPI Member? Please Identify: _____

Applicants must attach a clear and legible copy of their: 1) Agency investigation license and 2) a copy of both the front and back of their individual state ID.

By signing, applicant affirms that all information provided is true and accurate to the best of his or her knowledge and authorizes AALPI to conduct any inquiries deemed necessary to determine eligibility for membership. Applicant agrees that by signing this application, he or she consents to abide by the Bylaws and Ethics of the Association. Applicant understands that AALPI will publish only the business information on the AALPI website and that it is applicant's responsibility to inform AALPI of any changes to that business information.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

Please enclose check, money order or cashier's check in the amount of the membership category for which you are applying, or enter credit card number. Your check will be deposited or your credit card charged once membership is approved.

Check # _____ enclosed

Charge my credit card (Sorry, **no** American Express or Discovery):

VISA []

MasterCard []

Card # _____ - _____ - _____ - _____

Name as it Appears on your Account: _____

Expiration Date _____ (00/00) Security Code# _____

Cardholder Signature _____ Date _____