

ARIZONA ASSOCIATION OF LICENSED PRIVATE INVESTIGATORS

1776 NORTH SCOTTSDALE ROAD, UNIT 1902

SCOTTSDALE, ARIZONA 85257

(480) 535-6620

MEMBERSHIP APPLICATION

- Voting Membership** (\$125 per year): 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.
- Associate Membership** (\$100 per year): 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.
- Vendor Membership** (\$200 per year): Open to all persons engaged in a profession or occupation related to private investigations. Vendor Members receive \$100 off table costs at our conferences and placement on our website.
- Check here if you are a former/returning member

Applicant Information

Your business information will be in the member directory section of the website. Please notify AALPI of any needed changes. Please list your business information exactly as you wish it to appear on the AALPI website.

Full Name _____ State PI License # _____ Exp. _____

Home Phone _____ Mobile _____ Home Email _____

Agency/Employer _____ Business License # _____

Business Address _____

City _____ State _____ Zip Code _____

Office Phone _____ Fax Number _____

Office Email _____ Website _____

How did you hear about AALPI? _____

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 Private Investigator wallet 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 the applicant's responsibility to inform AALPI of any changes to that business information.

Applicant's Printed Name _____

Applicant's Signature _____ Date _____

Please enclose a check, money order or cashier's check (payable to Arizona Association of Licensed Private Investigators) in the amount of the membership category for which you are applying or enter your credit card number below. Your check will be deposited, or your credit card charged once membership is approved.

Check # _____ (enclosed)

Charge my credit card # _____ - _____ - _____ - _____

Name as it appears on your account _____

Expiration Date _____ (00/00) Security Code _____

Cardholder Signature _____ Date _____