

APNAI - A PROFESSIONAL NETWORK OF AFFILIATED INVESTIGATORS

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name (last, first, mi):		Membership Type: (Circle one) Affiliate/Individual Corporate/Partner Honorary Emeritus	
Credentials:	Agency Name:		
Business Mailing or Street Address:		City:	State: Zip:
County:	Business Phone: ()	Fax: ()	Cell Phone: ()
DOB:	Website:	Years in Business:	Email:
Business License Charter/Number:		State:	Expiration Date:
Agency License Number:		State:	Expiration Date:
Private Investigator License Number:		State:	Expiration Date:

SERVICE OR INVESTIGATIVE SPECIALTY TYPES

Check the box to the left of up to 10 specialties. Limit to 10

<input type="checkbox"/>	Abuse	<input type="checkbox"/>	Accident Reconstruction	<input type="checkbox"/>	Adoption	<input type="checkbox"/>	Arson
<input type="checkbox"/>	Aviation	<input type="checkbox"/>	Background/Pre-Employment	<input type="checkbox"/>	Civil Investigations	<input type="checkbox"/>	Computer Forensics
<input type="checkbox"/>	Criminal Defense	<input type="checkbox"/>	Criminal Investigations	<input type="checkbox"/>	Document/Handwriting Examination	<input type="checkbox"/>	Domestics (Custody/Infidelity)
<input type="checkbox"/>	Electronic Countermeasures Insp.	<input type="checkbox"/>	Executive Protection	<input type="checkbox"/>	Explosives and Firearms	<input type="checkbox"/>	Financial Investigations
<input type="checkbox"/>	Forensic related Investigations	<input type="checkbox"/>	Fraud Investigations	<input type="checkbox"/>	General Investigations	<input type="checkbox"/>	Industrial Accidents
<input type="checkbox"/>	Information Broker	<input type="checkbox"/>	Liaison	<input type="checkbox"/>	Locating people	<input type="checkbox"/>	Malpractice (all kinds)
<input type="checkbox"/>	Maritime	<input type="checkbox"/>	Mentoring	<input type="checkbox"/>	Missing Persons and Children	<input type="checkbox"/>	Narcotics related
<input type="checkbox"/>	Networking	<input type="checkbox"/>	Organized Crime	<input type="checkbox"/>	DOL and OSHA Investigations	<input type="checkbox"/>	Paralegal work
<input type="checkbox"/>	Personal Injury	<input type="checkbox"/>	Personal Process Service	<input type="checkbox"/>	Polygraph / Voice Stress Analysis	<input type="checkbox"/>	Probate / Missing Heirs
<input type="checkbox"/>	Product Liability and Safety	<input type="checkbox"/>	Public Records Search/Court Research	<input type="checkbox"/>	Real Estate	<input type="checkbox"/>	Referrals
<input type="checkbox"/>	Research (all kinds)	<input type="checkbox"/>	Risk Assessments	<input type="checkbox"/>	Safety Investigations	<input type="checkbox"/>	Security Assessments
<input type="checkbox"/>	Security Consulting	<input type="checkbox"/>	Sex related Offenses and Crimes	<input type="checkbox"/>	Surveillance (all kinds)	<input type="checkbox"/>	Terrorism related Investigations
<input type="checkbox"/>	Threat Assessments	<input type="checkbox"/>	Training (all/Continuing Education)	<input type="checkbox"/>	Workers Compensation	<input type="checkbox"/>	Workplace Investigations

WORK HISTORY

Dates:	Company/Organization:	City/State:	Position:

SPONSOR/REFERENCES MAPI member who sponsored or recommended you

Name	Phone

CHECKLIST

All who apply for Membership with **A Professional Network of Affiliated Investigators** must certify that they have completed the following elements:

- Answered all questions on this application. Each person must complete a separate application
- Submit your required first-year dues of \$75.00 for Individual Memberships along with a \$25 non-refundable processing fee. **Corporate/Partnership Memberships annual dues are \$150.00**
- Attach a photo copy of your licenses (agency and/or PI)
- Mail the completed application along with payment to the address listed below.

CERTIFICATION

I have personally reviewed this application and certify/affirm that the information herein is true and complete to the best of my knowledge. I agree and give permission for a background investigation in conjunction with this application. I further understand that if my application is accepted, any misleading or false statements shall be considered sufficient cause for termination of my membership. I agree to abide by the rules and bylaws of the APNAI.

Signature of applicant:	Date:

APNAI – PO BOX 73731, PUYALLUP, WA 98373

APNAI Form (Rev 2/2018) supersedes previous editions