



Membership Application

Questions? Please contact the Membership Chair, Jayme Schmidt: mem@wali.org

1 Please complete the following:

Name _____

Agency Name _____

Business Address _____

City _____ State _____ Zip _____

County _____

Business Phone _____

Fax _____

Cell Phone _____

Email Address _____

Website _____

Agency License No. _____ Exp. _____ State _____

Individual License No. _____ Exp. _____ State _____

2 Specialty Type **NOTE: Select no more than 10.**

Licensed investigators for hire may have their business information and specialties listed on the web free of charge.

- | | |
|--|--|
| <input type="checkbox"/> ACC Accident Reconstruction | <input type="checkbox"/> INS Insurance Investigations |
| <input type="checkbox"/> ADO Adoption Locates/Reunion | <input type="checkbox"/> INT Intellectual Property |
| <input type="checkbox"/> ARS Arson | <input type="checkbox"/> INV General Investigations |
| <input type="checkbox"/> AST Asset Checks | <input type="checkbox"/> LOC Locates |
| <input type="checkbox"/> AVI Aviation | <input type="checkbox"/> MAL Malpractice, Medical, Legal |
| <input type="checkbox"/> AUT Auto, Truck, Motorcycle | <input type="checkbox"/> MIS Missing Person/Children |
| <input type="checkbox"/> BKG Background Investigations | <input type="checkbox"/> MRT Maritime |
| <input type="checkbox"/> BOA Boating | <input type="checkbox"/> ORG Organized Crime |
| <input type="checkbox"/> BNK Bank & Accounting Fraud | <input type="checkbox"/> OSH OSHA Investigations |
| <input type="checkbox"/> CFE Certified Fraud Examiner | <input type="checkbox"/> PAT Patrol |
| <input type="checkbox"/> CHA Child Abuse | <input type="checkbox"/> PAR Paralegal |
| <input type="checkbox"/> COF Computer Forensics | <input type="checkbox"/> PHO Photography |
| <input type="checkbox"/> COM Computer Crimes | <input type="checkbox"/> PDI Public Defender Investigator |
| <input type="checkbox"/> CON Construction Site | <input type="checkbox"/> PIN Personal Injury |
| <input type="checkbox"/> COR Corporate Investigations | <input type="checkbox"/> POL Polygraph, Voice Stress |
| <input type="checkbox"/> CRD Criminal Defense | <input type="checkbox"/> PPS Personal Process Service |
| <input type="checkbox"/> CRE Court Research | <input type="checkbox"/> PRB Probate, Missing Heirs |
| <input type="checkbox"/> CRM Criminal Investigations | <input type="checkbox"/> PRT Product Liability |
| <input type="checkbox"/> CUS Child Custody | <input type="checkbox"/> REA Real Estate |
| <input type="checkbox"/> CVL Civil Investigations | <input type="checkbox"/> RET Retail |
| <input type="checkbox"/> DBR Database Research | <input type="checkbox"/> SAF Safety Issues |
| <input type="checkbox"/> DDR Drunk Driving Defense | <input type="checkbox"/> SCC Security Consulting |
| <input type="checkbox"/> DOC Document Examination | <input type="checkbox"/> SEC Security, Premises Protection |
| <input type="checkbox"/> DOM Domestic | <input type="checkbox"/> SIV Supply & Install Video/Security |
| <input type="checkbox"/> DRG Drugs | <input type="checkbox"/> SUB Subversives/Terrorism |
| <input type="checkbox"/> ELC Electronic Surveillance | <input type="checkbox"/> SUR Surveillance |
| <input type="checkbox"/> ELE Electronic Eavesdropping | <input type="checkbox"/> TOX Hazardous Materials |
| | <input type="checkbox"/> TRP Investigator Training |
| | <input type="checkbox"/> VID Video |
| <input type="checkbox"/> EPR Executive Protection | <input type="checkbox"/> WCT WA State Certified Trainer/Classes |
| <input type="checkbox"/> EXP Explosives/Firearms | <input type="checkbox"/> WEI Workplace/Employment |
| <input type="checkbox"/> FIN Financial Investigations | <input type="checkbox"/> WHT White Collar Crime |
| <input type="checkbox"/> FRA Fraud Investigations | <input type="checkbox"/> WKR Workers' Compensation |
| <input type="checkbox"/> HEL Helicopter Surveillance | <input type="checkbox"/> WRD Wrongful Death |
| <input type="checkbox"/> IND Industrial Accidents | <input type="checkbox"/> WVP Workplace Violence Prevention/Suppression |
| <input type="checkbox"/> INF Information Broker | |
| <input type="checkbox"/> INR Internet Research | |

3 Please select Membership Type:

- Professional Member**
Any person licensed by the State of Washington as a private investigator who is a principal or employee of an investigation firm, or any person working in the State of Washington under the title of "investigator" who is not working for an investigating agency and is exempt from licensing under Washington laws. Professional Members shall have the right to vote and hold office.
- Affiliate Member**
Any individual residing outside of the State of Washington, and not licensed in Washington, who is qualified in her/his own jurisdiction (County or State) to legally operate as a private investigator. Affiliate members shall not have the right to vote or to hold office.
- Associate Member**
Any individual who does not qualify for active or affiliate membership but who is either a company employee or principal in a firm, partnership, or corporation providing services and support to the legal profession, including but not limited to forensic scientists, accident reconstructionists, paralegals, and other related specialties. Associate members shall not have the right to vote or to hold office.

4 All Applicants for membership in the Washington Association of Legal Investigators must comply with the following:

1. Answer **all** questions on this application. Please print. Each individual must provide a separate, complete application.
2. Submit the required first years' dues with application and a \$25.00 non-refundable application fee.
3. Attach a photocopy of your current license (business and/or P.I. License).
4. Forward **completed** application and attachments to the WALL administrative office at the below address.

5 Annual Dues:

The annual dues for all membership types is \$100.00. The initial non-refundable application fee is an additional \$25.00. A total of **\$125.00** should be submitted with this application. Special Rules apply if joining during the last quarter of the year. Contact the membership chair.

6 Certification:

I have personally reviewed this application and certify that the information herein is true and complete. I further understand that if my application is accepted, any misleading or false statements on this application shall be considered sufficient cause for termination of membership. If accepted for membership, I agree to abide by the rules and bylaws of the Washington Association of Legal Investigators, Inc.

Signature _____ Date _____

Submitting Your Application:

Please mail your completed application, a copy of your current license, along with a \$125 check made payable to the Washington Association of Legal Investigators, to the address below. Qualifying applicants can expect a membership package within 8 to 10 business days, after the application has been received and reviewed.