



**MEMBERSHIP APPLICATION**  
General, Associate, & Affiliate Member

Name: \_\_\_\_\_ License(s) #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Other Numbers: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

No. of Yrs. In Business: \_\_\_\_\_ No. of Yrs. Experience: \_\_\_\_\_ Date of License: \_\_\_\_\_

Have you ever been named as a defendant in a criminal or civil proceeding? No \_\_\_\_\_ Yes \_\_\_\_\_ (Please attach explanation)

Residence Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

(Not for publication)

(Not for publication)

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: Business \_\_\_\_\_ Residence \_\_\_\_\_ (Check One)

Certifications Held: \_\_\_\_\_

Date of Birth: (For Insurance Policy Only) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Beneficiary: \_\_\_\_\_

**REQUIREMENT:** Attach photocopy of state or country license, local business license(s), and liability insurance certificate.

General Investigation or Specialty (For references, directory & website listing.): \_\_\_\_\_

Please make dues payable to: CIPI

**Membership dues for 1 year from date of approval is \$150.00\***

We Accept: Visa / MasterCard / American Express / Checks

\* New memberships also subject to a \$25.00 processing fee.

**Mail Check and Signed Application To:** CIPI at 1001 Wilshire Boulevard, Suite 200 - Santa Monica, CA 90401.

I do hereby represent and warranty that all information provided in this application is complete, true and correct, and that false information will result in revocation of my membership and the forfeiture of any paid dues. I authorize and consent representatives of **CIPI**®, its agents, directors, officers, members and employees to review, inquire and/or investigate information provided in my application and to inquire into my reputation, character, and fitness for membership. I hereby release **CIPI**®, its agents, directors, officers, members and employees from any and all liability, claims, causes of action, or injuries, from any action or omission in matters emanating from such inquiry and/or investigation, including any time this application is rejected and/or found to be false in whole or in part. I understand that unless otherwise indicated, information on this application will be available for publication. I understand and agree that membership in **CIPI**® is a privilege, and that **CIPI**® has the exclusive and unrestrictive right and authority to decline my application, or discontinue my membership status at any time by giving me written notification. **CIPI**® does not discriminate as to age, race, color, national origin, ancestry, religious creed, sex, martial status, sexual orientation, handicap or physical disability.

Unauthorized use of **Certified Investigative Professional**®, or **CIP**® by any person, including members, former members, nonmembers, their agents or representatives, will be cause for legal action by the **Certified Investigative Professionals Inc.**® CIPI's President will maintain records of each certified member.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_