



WALI Membership Application

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

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: _____

P.I. License No.: _____ Exp: _____ State: _____

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 as an 'in-house' investigator for a law firm, and is exempt from licensing under Washington laws. Professional Members shall have the right to vote, to hold office, to access the Members Only section of the website, and to post on the list-serve.
- 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, to hold office, to access the Members Only section of the website, but will be allowed access to the list-serve.
- 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 investigation profession, including but not limited to forensic scientists, accident reconstructionist, paralegals, and other related specialties. Associate members shall not have the right to vote, to hold office, to access the Members Only section of the website, or to access the list-serve.

Choose Your Certifications

(If none, leave blank):

- | | |
|--|---|
| <input type="checkbox"/> Certified Professional Investigator | <input type="checkbox"/> Certified Armed Investigator |
| <input type="checkbox"/> Certified Protection Professional | <input type="checkbox"/> Certified Fraud Examiner |
| | <input type="checkbox"/> Private Investigator Trainer |

Choose Your Specialty Type

(Limit to 10)

All Professional members may have their business specialties listed on the website free of charge.

- | | |
|---|---|
| <input type="checkbox"/> Accident Reconstruction | <input type="checkbox"/> Family Court Investigations |
| <input type="checkbox"/> Asset & Background Investigation | <input type="checkbox"/> Fire Related Investigation |
| <input type="checkbox"/> Computer Forensics | <input type="checkbox"/> Financial & Accounting |
| <input type="checkbox"/> Bilingual Services | <input type="checkbox"/> Forensic Statement Analysis |
| <input type="checkbox"/> Corporate & Due Diligence | <input type="checkbox"/> Fraud Investigations |
| <input type="checkbox"/> Criminal Defense/Public Defense | <input type="checkbox"/> Insurance Investigation |
| <input type="checkbox"/> Court & Legal Document/Research | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Crime Scene Investigation | <input type="checkbox"/> Police Misconduct |
| <input type="checkbox"/> Civil Investigations | <input type="checkbox"/> Polygraph Services |
| <input type="checkbox"/> Criminal Investigations | <input type="checkbox"/> Process Service |
| <input type="checkbox"/> Document Examination | <input type="checkbox"/> Retail Organized Crime |
| <input type="checkbox"/> Electronic Countermeasures | <input type="checkbox"/> Security & Risk Assessment |
| <input type="checkbox"/> Executive Protection | <input type="checkbox"/> Skip Trace, Locate, Missing Person |
| | <input type="checkbox"/> Surveillance |
| | <input type="checkbox"/> Witness Interviewing |
| | <input type="checkbox"/> Workplace Investigations |
| | <input type="checkbox"/> Wrongful Death |

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 WALI administrative office at the below address.

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 offers may apply if joining during the last quarter of the year. Contact the membership chair.

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.