

MEMBERSHIP APPLICATION

Attach
recent
photograph
here.

Applicant's Name

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

1. Answer all questions on this application. Please print or use typewriter.
2. Submit 2 recent wallet-size photographs (approximately 2-1/2 x 2-1/2), one which should be affixed to the application.
3. Submit required non-refundable application fee and first year's dues with application.
4. Attach all applicable background documents requested in application.
5. Forward completed application to the **NALI at 235 North Pine Street, Lansing, MI, 48933.**

MEMBERSHIP REQUIREMENTS

Membership in this association shall be open to all investigators of professional competence and integrity, who are actively engaged in negligence investigations for the plaintiff and/or criminal defense, and who are employed by law firms engaged in the private practice of law, a public defender's office, and/or privately-owned investigation firms. To qualify for membership, an applicant must have a minimum of twenty-four (24) months of documented full-time employment in these fields.

APPLICATION FEES AND DUES

The non-refundable application fee is \$35 for an applicant with a law firm or investigation firm with no other NALI member in its employ. The fee is \$25 for an applicant with a firm having a current NALI member. The annual dues for this association are \$150.

PERSONAL INFORMATION

Name _____ Date of Birth _____
Home Address _____
Social Security # _____
City _____ County _____ State _____ Zip Code _____
Home Telephone # _____
Email _____

PRESENT EMPLOYMENT

Employer _____ Position _____
Business Address _____
City _____ County _____ State _____ Zip Code _____
Business Telephone # _____
Business Fax Number _____
Business Email _____
Date started present employment _____
Nature of business (law firm, investigation firm, etc.) _____

(Attach a copy of your business card and any firm business brochure and advertising copy to this application.)

Are you ACTIVELY ENGAGED in legal investigation for plaintiff negligence and/or criminal defense cases? _____
And do you have at least two years of employment as such? _____
Does your state, city, municipality, etc. require you to be licensed as an investigator? _____
If so, are you licensed? _____ By what agency or authority? _____
Date licensed _____ License identification # _____

(Attach a photocopy of your current license to this application.)

Have you ever been denied an investigator's license or had your license suspended or revoked?

If so, explain _____

PREVIOUS EMPLOYMENT

Please list in chronological order, with most recent previous employer listed first. Please include all prior investigation-related employment.

Employer _____ Position _____
Supervisor _____ Date Hired _____
Address _____ Date Left _____
City _____ State _____ Zip Code _____
Reason for Leaving _____

Employer _____ Position _____
Supervisor _____ Date Hired _____
Address _____ Date Left _____

City _____ State _____ Zip Code _____
Reason for Leaving _____

Employer _____ Position _____
Supervisor _____ Date Hired _____
Address _____ Date Left _____
City _____ State _____ Zip Code _____
Reason for Leaving _____

If the above does not list ALL investigative experience, list on a separate attachment to this application.

Background Information

Have you ever been convicted of a felony? _____
If so, please explain _____

Staff Investigators

Please provide a letter with the return of this application from your law firm to service as verification you are actively engaged in legal investigation for plaintiff negligence and/or criminal defense cases.

Independent Investigators

If you are an independent investigator, please provide letters from four attorneys or law firms engaging your services on a regular basis to verify you are actively engaged in legal investigation for plaintiff negligence and/or criminal defense cases.

Name _____ Phone# _____
Firm _____
Address _____
City _____ State _____ Zip code _____

Name _____ Phone# _____
Firm _____
Address _____
City _____ State _____ Zip code _____

Name _____ Phone# _____
Firm _____
Address _____
City _____ State _____ Zip Code _____

Name _____ Phone# _____
Firm _____
Address _____

City _____ State _____ Zip Code _____

Education and Reference Information

What level of formal education have you attained? _____

Do you have any specialized investigation-related education or training? _____
If so, explain _____

Have you written or been a lecturer/speaker on any investigation-related subjects? _____
If so, please explain _____

(Please attach samples of any writings or presentations.)

Please list any other investigation-related professional associations or organizations in which you currently hold membership _____

Privacy Statement

All information contained in this application or developed in any subsequent investigation or interview will be held in strictest confidence. Information will be used only in connection with your application for membership with this organization and for no other purpose whatsoever. Information will not be released to any other person, firm, agency or organization without your expressed written permission. If you object to any questions, do not answer it, write "I object to this question" and state your reason for objecting to the question.

Certification and Release of Information Authorization

I have personally reviewed this application and the information set forth in my application for membership is true and complete. I have not tried to mislead or conceal facts concerning my background or qualifications for membership. 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.

The National Association of Legal Investigators, Inc. is hereby authorized to make any investigation of my personal and background history for the purpose of determining my eligibility for membership in this association. I authorize the release of any and all records and information concerning me, and I do release from liability any person, company or government agency who furnishes such information. A photocopy of this form shall be as valid as the original. This authorization is valid for 180 days from date of signature.

Applicant's Signature _____ Date _____

MEMBERSHIP DIRECTORY INFORMATION

Please complete the following membership directory information. If your application is accepted for membership, this information will be printed in the next available scheduled printing of the NALI Membership Directory. The Membership Directory is sold to non-NALI members. Complete only the information you wish to put in the Directory. If no information is supplied, only your name, business address and business phone will be listed.

Please print clearly or type information. Specialty and background codes are listed on the back of this form.

First Name _____ Middle Initial _____

Last Name _____

Firm or Company _____

Address _____

City _____ State _____ Zip _____

Home phone # _____ Work phone # _____ Fax # _____

Specialties _____

(May list up to five background codes) _____

Types of Work Declined _____

Background/Experience _____

(May list up to five background codes with previous experience) _____

Spouse _____

Background/Experience _____

(May list up to five background codes with previous experience) _____

Miscellaneous _____

_____(Briefly list any additional information about yourself)

If you are a law firm staff investigator, can you take outside investigation assignments? _____

I understand that the Membership Directory is sold to non-NALI members.

The National Association of Legal Investigators, Inc., is hereby authorized to include this information in the NALI Membership Directory, and all parties participating in the publication of such information in this Association Directory are hereby released from any liability for so doing.

Signature of member _____ Date _____

For Association Use

Region _____ Year Joined _____ Member Status _____

SPECIALTY CODES

(Use also for work declined Codes)

ACC Accident Reconstruction
AGR Agricultural and Farm
ARS Arson
ABS Asbestos, Asbestos Cases
AST Asset Checks
AUT Automobile and Small Trucks
AVN Aviation (General Aviation)
BKG Background Investigations
BOA Boating Accidents
COM Computer Crimes/Fraud
CON Construction Sites
COR Corporate Investigations
CRM Criminal Defense (General)
CUS Child Custody
CHL Children's Rights/Abuse
CVL Civil Rights
DOC Document Examination
DOM Domestic
DRM Dram Shop
DDR Drunk Drive Defense
ELC Electronic Surveillance
EQU Equine Injuries
IND Industrial Accidents
INS Insurance Investigations
MAL Malpractice Medical/Legal
MIS Missing Persons
MOT Motorcycle Accidents
MRT Maritime and Cargo Handling
OIL Oil Field Accidents
PHO Photography, Forensic
PIN Personal Injury
POL Polygraph and PSE
PPS Personal Process Service
PRD Products Liability
RAI Railroad and FELA
REA Real Estate Fraud
SKT Skiptrace

STN Standards Research
SUR Surveillance
SWM Swimming/Scuba Accidents
TOX Toxic Materials/Waste
TRK Truck/Trailer, Large
TRP Trial Preparation
VID Videotape
WKR Workers' Compensation
WRG Wrongful Death

BACKGROUND CODES

EDU Education (College Level)
FED Federal Law Enforcement
GOV State Government
INS Insurance
JOU Journalism (Investigative)
MAR Maritime
MIL Military
INT International
MUN Municipal Police/Sheriff
OJE On-the-Job Experience
PDO Public Defender's Office
POL Polygraph/PSE
SEC Security
STA State Police/Highway Patrol

PREVIOUS EXPERIENCE CODES

Put number of years of previous experience (two digits) following each background code. Examples: State Police experience for twelve years is STA12; Municipal Police or County Deputy Sheriff for eight years would be MUN08; On the job experience as a law firm staff investigator or independent investigator for ten years would be OJE10; college level education for four years is EDU04; Federal law enforcement for one year would be FED01; military service for two years would be MIL02. A typical directory page background/experience listing of codes might read: EDU04, MUN03, STA03, OJE06.

PERSONAL REFERENCES

List two personal references other than relatives or present/previous employers.

Name _____ Occupation _____
Address _____
City _____ State _____ Zip Code _____
Home Phone # _____

Name _____ Occupation _____
Address _____
City _____ State _____ Zip Code _____
Home Phone # _____

If a NALI member is sponsoring your application for membership, please give his/her full name and address _____

Do you pledge your support to the Constitution, Bylaws and Code of Ethics for this Association?

(A copy of these documents will be provided upon request to the Regional Director.)

Recommendation of Regional Director

Results of background investigation _____

Does the applicant meet the qualifications for membership and ethical and professional standards of the Association?

Recommendation: Approved Rejected

Regional Director signature _____

Region _____ Date _____

Final Review of National Director

Application: Approved Rejected

If rejected, reason(s) _____

(Rejected applicant first year's dues will be refunded.)

National Director signature _____ Date _____

Membership Fees Payment Record

Payment received of \$ _____ for non-refundable application fee and first year's membership dues \$ _____

Total amount \$ _____

Application approved in _____ quarter of NALI fiscal year.

Prorated dues refund payment of \$ _____ is owed to the applicant.

National Secretary's Membership Record

Date application received and filed _____

National Secretary signature _____