



NALI

Returning Member Application

All applicants for returning membership in the National Association of Legal Investigators must have been an active member within the past three years and must complete the following:

1. Answer all questions on this application.
2. Submit required, non-refundable application fee and this year's dues with application.
3. 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 and the annual dues for this association are \$175.

PERSONAL INFORMATION

Name _____ Date of Birth _____

Social Security Number _____

Home Address _____

City _____ County _____ State _____ Zip Code _____

Home Telephone # _____ Cell Phone # _____

Primary Email _____ 2nd Email _____

PRESENT EMPLOYMENT

Employer _____ Position _____

Business Address _____

City _____ County _____ State _____ Zip Code _____

Business Telephone # _____ Business Fax # _____

Business Email _____

Business Website _____

Present employment start date _____

Nature of business (law firm, investigation firm, etc) _____

Are you ACTIVELY ENGAGED in legal investigation for plaintiff negligence and/or criminal defense cases? Yes No

And do you have at least two years of employment as such? Yes No

Does your state, city, municipality, etc. require you to be licensed as an investigator? Yes No

If so, are you licensed? Yes No By what agency or authority? _____

Date licensed ____/____/____ License identification # _____

PREVIOUS EMPLOYMENT

If less than five years at current position:

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

MEMBERSHIP DIRECTORY INFORMATION

The information will be placed on the website and printed in the next available directory. 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. **This information is available to the public on the website therefore 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 # _____ Cell phone # _____
Primary Email _____ 2nd Email _____
Business Website _____
Spouse _____

(May list up to five speciality codes)

Specialties _____

(May list up to five background codes)

(see list attached)

Types of work declined _____

Background/Experience _____

May list up to five background codes

(see list attached)

If you are a law firm staff investigator, can you take outside investigation assignments? Yes No

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 _____

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 _____

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.