

## MEMBERSHIP APPLICATION

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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 \$150.00, due at the time of application.

**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 # \_\_\_\_\_

Cell phone # \_\_\_\_\_ Business Email \_\_\_\_\_

Email \_\_\_\_\_ Spouse \_\_\_\_\_

Specialties \_\_\_\_\_

(May list up to five specialty codes) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Types of Work Declined \_\_\_\_\_

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 \_\_\_\_\_