



Florida Association of Private Investigators, Inc.

P.O. Box 21158 • Ft. Lauderdale, FL • 33335-1158

APPLICATION FOR MEMBERSHIP

Membership Classification: (Check ONE)

ACTIVE

(Dues \$50.00)
Florida
Licensees.

ASSOCIATE

(Dues \$25.00)
Out of State licensees
and law enforcement.

STUDENT

(Dues \$15.00)
An individual enrolled in a
recognized educational process.

AFFILIATE

(Dues \$150.00)
An individual or company who
provides services or materials to
the Private Investigative industry.

*Please contact our President or Treasurer about our Active – Life Membership.
All dues paid are valid for membership through the end of the calendar year.

Name: _____ C or CC License #: _____

Agency/Company Name: _____ Agency Lic #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Cell or Pager: _____ Other Phone: _____

Birthday (Month/Day): _____ Referred By (Optional): _____

E-mail: _____ Website: _____

Member Sponsor: (For Student Memberships Only): _____

My primary office (or school if a student) is located in the following area:

Central

DeSoto, Highlands, Hardee, Lake, Orange,
Osceola, Manatee, Polk, Sarasota,
Seminole, Sumter

Eastern

Brevard, Flagler, Indian River, Putnam,
Volusia, St. Lucie

Western

Alachua, Bradford, Citrus, Gilchrist,
Hernando, Hillsborough, Levy,
Marion, Pasco, Pinellas, Union

Northern

Baker, Bay, Calhoun, Clay, Columbia, Dixie, Duval, Escambia, Franklin, Gadsden, Gulf,
Hamilton, Holmes, Jackson, Jefferson, Lafayette, Leon, Liberty, Madison, Nassau,
Okaloosa, Santa Rosa, St. Johns, Suwanee, Taylor, Wakulla, Walton, Washington

Southern

Broward, Charlotte, Collier, Dade,
Glades, Hendry, Lee, Martin,
Monroe, Palm Beach, Okeechobee

SPECIALTIES

- | | |
|--|---|
| <input type="checkbox"/> Background Inv. | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Civil | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Worker's Comp. |
| <input type="checkbox"/> General | <input type="checkbox"/> Workplace Inv. |
| <input type="checkbox"/> Missing Persons | <input type="checkbox"/> Other _____ |

PERSONAL BACKGROUND INFORMATION

- | | |
|---|------------|
| <input type="checkbox"/> Education | Yrs: _____ |
| <input type="checkbox"/> Federal Government | Yrs: _____ |
| <input type="checkbox"/> Law Enforcement | Yrs: _____ |
| <input type="checkbox"/> Military | Yrs: _____ |
| <input type="checkbox"/> On The Job | Yrs: _____ |
| <input type="checkbox"/> Other: _____ | Yrs: _____ |

FAPI has chosen Special Olympics Florida as its signature charity of choice. If you would like to make a donation to this worthy cause through FAPI, we have agreed to give 100% of donations to the Special Olympics Florida immediately upon receipt.

I Support FAPI and would like to donate \$ _____ to Special Olympics Florida

I hereby apply for membership in the Florida Association of Private Investigators (FAPI). I understand that upon receipt of my application and payment, I will be a candidate for membership until such time as the membership committee verifies my application, and I am approved by the Board of Directors. I authorize FAPI, their Board, and their designees to complete a thorough review of my application and perform a background investigation as it deems necessary. If for any reason my membership is not approved, all fees paid will be returned in full. Florida State licensees whose C & CC licenses are in good standing will have the right to vote at the annual meeting. All other members may have the right to vote on certain issues as determined by a majority vote of the Board of Directors for those specific issues. Fees remitted with this application will pay for your membership through 12/31/08, upon approval, and are non-refundable. All applications will be reviewed and this process may take approximately thirty days.

The information contained on this application is true and correct. I understand that submitting false information on this application will result in denial and/or revocation of my membership.

I agree to abide by the By Laws, Rules, Code of Ethics, and all amendments by the board of directors. .

Signature: _____ Date: _____

Please mail the following to FAPI, P.O. Box 21158, Ft. Lauderdale, FL 33335-1158:

- Signed Application
- Dues Payment (Make check payable to "FAPI" with or without optional donation to Special Olympics Florida. You may include a separate check made out to Special Olympics if desired. Thank you.)
- Copy of License (Active members only)

Florida Association of Private Investigators, Inc.
Post Office Box 21158
Ft. Lauderdale, Florida 33335-1158

President	Sandra Lanier	(407) 349-0069 Shesk98150@aol.com	North Area Director	L. Scott Harrell	(877) 363-4887 scottharrell@gmail.com
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