

Texas Association of Licensed Investigators, Inc.

Post Office Box 670344 • Dallas, Texas 75367-0344 • 903-425-6600 • Toll-free 877-444-TALI • Fax 903-425-8032

APPLICATION FOR MEMBERSHIP

Please read carefully. Type or print all answers in full. Upon receipt of your request for membership, your application will be forwarded to the Board of Directors for their review and investigation. Upon approval, you will receive a letter welcoming you to TALI, your official Membership Directory, and Membership Certificate. **TALI Memberships are individual memberships, not corporate. Approval of your Membership Application allows you to use the prestigious designation "TPLI."**

Please note: Your application must be accompanied by your first year's membership dues, and the application fee. Failure to include any of these items will delay the approval of your Application.

Name _____ State License Number _____
 Date of Birth _____ Social Security Number _____
 Company Name _____
 Address _____ City _____ State _____ Zip _____
 Office Phone _____ Alternate Phone _____
 Mobile Phone _____ Fax _____
 Pager _____ Home Phone _____
 E-Mail Address _____ Web Site Address _____
 Sponsoring Member's Name (if sponsored by a TALI Member) _____

Classification Applied for: (please check)

- ACTIVE** - \$135 (one-time \$10 application fee included – renews annually for \$125) Individuals licensed by the Texas Commission on Private Security with A or C licenses.
- AFFILIATE** - \$110 (one-time \$10 application fee included – renews annually for \$100) Persons in an investigative capacity with industry (non-voting membership) Note: staff investigators, insurance investigators, etc.
- ASSOCIATE** - \$110 (one-time \$10 application fee included – renews annually for \$100) Persons residing outside the State of Texas who are licensed by a governing body where they reside and are actively engaged in investigations (non-voting membership)
- ASSOCIATE VENDOR** - \$110 (one-time \$10 application fee included – renews annually for \$100) Individuals and businesses who are engaged in providing products and/or services to private investigators. (non-voting membership)

Please circle Specialties: (maximum of 10)

ADJ Insurance Adjusting	DDR Drunk Driving Defense	PIN Personal Injury
ARC Accident Reconstruction	DOC Document Examination	POL Polygraph
ARS Arson	DOM Domestic	PPS Process Service
AST Asset Checks	DRG Drugs	PRB Probate
ATM Auto/Truck/Motorcycle	ELC Electronic Surveillance	PRT Product Liability
AVN Aviation	EXP Explosives/Firearms	REA Real Estate
BKG Background Checks	IND Industrial Accidents	SEC Security
BNK Bank/Accounting Fraud	INS Insurance Investigation	SKT Skip Trace
BOA Boating	INV General Investigation	SUB Subversive Terrorism
CHL Child Custody/Abuse	MAL Malpractice/MD/Legal	SUR Surveillance
COM Computer Crime/Fraud	MRT Maritime	TOX Toxic/Hazardous Waste
CON Construction Sites	MSP Missing Persons	TRP Trial Preparation
COR Corporate Investigation	ORG Organized Crime	VID Video
CRM Criminal Investigation	PAT Patrol	WHT White Collar Crime
CVL Civil Investigation	PHO Photography	WKR Worker's Compensation

If paying by credit card, please complete the following:

Card type: MasterCard VISA AMEX Discover Amount Charged—\$ _____
 Card Number: _____
 Expiration Date: ____/____ (00/0000)
 Name exactly as it appears on the Card: _____
 Signature: _____
 Billing Address (city/state/zip): _____

We MUST have your billing address. We will NOT be able to process your charge without it. Incomplete and/or incorrect applications will be returned and will NOT be processed. Thank you for your cooperation.

I give full consent to the Texas Association of Licensed Investigators, Inc., its officers, members and/or agents, to investigate this application and to inquire into my reputation, character and fitness for membership in TALI. I hereby release the above named organization, its officers, members and/or agents from all liability, claims, injuries (implied or actual) in matters emanating from such investigations. If accepted, I promise to uphold the By-laws and rules of this Association.

Signature _____ Date _____

For TALI use only

Date Received: _____ By: _____

Comments:

- | | | | |
|--|--------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Membership Dues | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Check # | Date Forwarded to Membership Committee |
| <input type="checkbox"/> \$10 App Fee | | | |