



## New Member Application

Please complete this form and forward it with your dues check to the address below. The Applicant Information, excluding your name, is exclusively for PISA's use and will not be released to anyone.

We consider your name and agency information a public record that may be listed in our directory and on our web page. Please check the appropriate yes or no box to indicate if you would like additional information included with your name in any directory PISA may publish. Once your application is approved, a membership packet will be forwarded to you.

Annual membership is from January to December.

### Membership Categories

**Full:** Open to all who meet the eligibility requirements set forth by the appropriate department of any state, federal or foreign entity, to conduct private investigations or private security services.

**Affiliate:** Open to all persons engaged in a profession or occupation related to private investigations or private security services.

**Business:** Open to all private security services businesses who meet the eligibility requirements set forth by the appropriate department of any state, federal or foreign entity, to conduct a private security services business as defined by the Commonwealth of Virginia.

**Associate:** Open to all employees of the business member. Associates Members in good standing of the Association are eligible to serve on Appointive Committees but shall not be eligible to hold Elective Office nor to vote at any meeting

<input type="checkbox"/> Full Member \$75.00	<input type="checkbox"/> Affiliate Member \$100.00	<input type="checkbox"/> Lifetime Individual Membership \$500.00
<input type="checkbox"/> Business Member \$300.00		
<input type="checkbox"/> Associate Member \$25.00		

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST NAME \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME/CELL PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

DCJS REGISTRATION # \_\_\_\_\_ REGISTERED SINCE: \_\_\_\_\_

OTHER STATES REGISTERED: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

LICENSE # \_\_\_\_\_ POSITION \_\_\_\_\_

SCHOOLS ATTENDED \_\_\_\_\_ DATES \_\_\_\_\_

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OTHER COURSES \_\_\_\_\_ DATES \_\_\_\_\_

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LIST THREE REFERENCES.

Please provide name and email or phone number.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

AFFILIATIONS AND ADDITIONAL INFORMATION:

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REGISTERED CATEGORIES &amp; CERTIFICATIONS:

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\_\_\_\_ YES I would like my name, employer, DCJS License number, and contact information included in the PISA directory which may be distributed online or in print.

\_\_\_\_ NO I do not wish additional information to be included with my name and employer online or in print.

I, \_\_\_\_\_ agree to abide by the provisions of the Bylaws and the Code of Ethics of the Professional Investigators and Security Association. I give my full consent to the above association, or its agents, to investigate and inquire in to my character and reputation for the purposes of ascertaining desirability for membership in the association. I agree to hold harmless the Professional Investigators and Security Association, its agents and designees, from any costs or liabilities which may incur as a result of inquiring into my personal background and business reputation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

(Must be a current member of PISA)

Make check payable to: Professional Investigators and Security Association - PO Box 17832, Arlington, VA 22216