



Membership Renewal

Annual Dues Notice
Due by January 31, 2021

Please complete:

Name: _____ DCJS #: _____

Address: _____

Company Name: _____ DCJS #: _____

Company Address: _____

Email: _____

Membership Types: Membership - \$75
 Business - \$300 (2 employees)
 Associate Business - \$25 (additional employees of a Business Membership)
 Affiliate - \$100

Payment Amount: _____

Check #: _____

Mail Payment to: PISA 1800 Diagonal Rd. #600 Alexandria, VA 22314

Online:

Square Online Payment Link

<https://checkout.square.site/merchant/NFNRYPTVG7HHE/checkout/3TSPR4RQ7XJSAZ7QDI2R4UE>

NOTICE! MUST BE SIGNED AND RETURNED

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 into 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: _____

**Count on me to support my
Virginia Professional Investigators PAC**

Contribution Personal Check enclosed:

\$25 \$50 \$75 \$100 \$1 a day/\$365 Other \$ _____

Note: Virginia Professional Investigators PAC can accept personal checks
NO corporate contributions accepted.