

**Mississippi Professional Investigators Association, Inc.
(MPIA)
Membership Application**

Submit completed application accompanied by a check, money order or cashier check for membership dues of \$50.00 for full membership [Mississippi businesses] and \$25.00 associate membership [out of state and vendors], payable to Mississippi Professional Investigators Association:

Mississippi Professional Investigators Association
P.O. Box 4401
Brandon, MS 39047
(601) 862-0666

Application Date _____

Last First Middle

List Aliases used *(please include maiden/previous married name(s))*

Cell Phone Social Security #

DOB Place of Birth Citizenship

Business Name Business License #

Business Address City State Zip Code

Business Phone Business Fax Email Address Website

What is your position with this agency _____

How long have you been employed with this agency _____

Number of years actively engaged in this profession _____

Have you had any formal investigate training _____

Types of investigations you handle/specialty _____

List any investigative professional organizations you hold membership in _____

Have you ever been convicted in any criminal proceedings _____

If yes, please explain _____

If accepted into membership do you agree to abide by the By-Laws and Code of Ethics of the Mississippi Professional Investigators Association, Inc. _____

Do you currently hold a valid Investigator's License for any state _____ If yes, list state _____

List three references name, address, phone no., and email address _____

WAIVER

I give full consent to the MPIA, its officers, members and/or their agents, to investigate this application and inquire into my reputation, character and fitness for membership into the MPIA and, if accepted as a member, any and all complaints made in writing against me. I further agree to abide by any decision or recommendations made by the MPIA grievance committee. 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 investigation, decisions or recommendations.

Date

Applicant Signature

CERTIFICATION

I certify that the entries made by me above are true, complete and correct to the best of my knowledge. Any false statements are grounds for expulsion with loss of dues.

Date

Applicant Signature

Note

No applicant will be denied membership on the basis of sex, race, religion or ethnic origin. All information given in this application will be kept in strict confidence and only disclosed to the MPIA Board. Each application will be reviewed and decided upon on a case-by-case basis.