



NALI

Member Application

All applicants for membership in the National Association of Legal Investigators must complete this application and meet all requirements.

Forward your completed application, photo, annual membership dues and non-refundable application fee of \$35 to **NALI** at **P.O. Box 278, Bath, MI 48808**.

MEMBERSHIP REQUIREMENTS

Active Member \$175

Membership in this association shall be open to all investigators of professional competence and integrity, who are actively engaged in negligence investigations for the plaintiff and/or criminal defense, and who are employed by law firms engaged in the private practice of law, a public defender's office, and/or privately-owned investigation firms. To qualify for membership, an applicant must have a minimum of twenty-four (24) months (or 4000 hours) of documented full-time employment in these fields.

Firm Member \$100

An active member in good standing may propose up to four (4) additional qualified investigators who are employed by that member for active membership in the association at a reduced rate. A letter from the sponsoring member is required.

Professional Affiliate \$175

Professional affiliate members are licensed attorneys or individuals who are qualified as experts in their field, hold at least a Bachelor's degree and practice as expert witnesses. Professional affiliates enjoy all Association benefits except the ability to vote or hold office.

Associate Member \$100

Associate members who do not meet the minimum twenty-four (24) months or 4000 hours of documented employment as an investigator in the private or governmental sector. Associate membership is open to investigators of professional competence and integrity who are actively engaged in providing litigation support for attorneys, and who are employed by law firms, corporations, governmental entities and/or privately owned investigative firms. Associate members enjoy all Association benefits except the ability to vote or hold office.

Payment Information

Membership Dues	\$ _____
Application Fee	\$ _____
Voluntary Scholarship Fund Contribution	\$ _____
Voluntary General Contribution	\$ _____
Total Amount Due	\$ _____

Check Enclosed - Check #: _____

Charge my dues/donations to (circle):
Card Number: _____
CID #: _____ Exp.: _____

PERSONAL INFORMATION

Legal Name _____ Date of Birth _____

Social Security Number _____

Home Address _____

City _____ County _____ State _____ Zip Code _____

Home Telephone # _____ Cell Phone # _____

Primary Email _____ 2nd Email _____

over →

PRESENT EMPLOYMENT

Employer _____ Position _____

Business Address _____

City _____ County _____ State _____ Zip Code _____

Business Telephone # _____ Business Fax # _____

Business Email _____

Business Website _____

Present employment start date _____

Nature of business (law firm, investigation firm, etc) _____

Are you ACTIVELY ENGAGED in investigation? Yes No

And do you have at least two years of employment as an investigator? Yes No

Does your state, city, municipality, etc. require you to be licensed as an investigator? Yes No

If so, are you licensed? Yes No By what agency or authority? _____

Date licensed ____/____/____ License identification # _____

(Attach a copy of your current license to this application.)

Have you ever been denied an investigator’s license or had your license suspended or revoked? Yes No

If Yes, explain _____

PREVIOUS EMPLOYMENT

Please list your previous employers for the past five years, if different than above.

Employer _____ Position _____

Supervisor _____ Date Hired _____ Date Left _____

Address _____ City _____ State _____ Zip Code _____

Reason for leaving _____

Employer _____ Position _____

Supervisor _____ Date Hired _____ Date Left _____

Address _____ City _____ State _____ Zip Code _____

Reason for leaving _____

BACKGROUND INFORMATION

Have you ever been convicted of a felony? Yes No

If so, please explain _____

(Please use separate sheet of paper if needed.)

STAFF INVESTIGATORS

Please provide a letter with the return of this application from your law firm to service as verification you are actively engaged in legal investigation or litigation support for attorneys.

INDEPENDENT INVESTIGATORS

If you are an independent investigator, please provide one or more professional reference(s).

Name _____ Phone # _____

Firm _____

Address _____

City _____ State _____ Zip Code _____

If a NALI member is sponsoring your application for membership, please give his/her full name and address

Name _____

Address _____

Do you pledge your support to the Constitutional Bylaws and Code of Ethics for this Association? Yes No

(A copy of these documents will be provided upon request or are available on NALI.com)

EDUCATION AND REFERENCE INFORMATION

What level of formal education have you attained? _____

Do you have any specialized investigation-related education or training? Yes No

If so, explain _____

Do you have any related certification? Yes No If yes, please list _____

Have you written or been a lecturer/speaker on any investigation-related subjects? Yes No

If so, please explain _____

Please list any other investigation-related professional associations or organizations in which you currently hold membership _____

Privacy Statement

All information contained in this application or developed in any subsequent investigation or interview will be held in strictest confidence. Information will be used only in connection with your application for membership with this organization and for no other purpose whatsoever. Information will not be released to any other person, firm, agency or organization without your expressed written permission. If you object to any questions, do not answer it, write "I object to this question" and state your reason for objecting to the question.

Certification and Release of Information Authorization

I have personally reviewed this application and the information set forth in my application for membership is true and complete. I have not tried to mislead or conceal facts concerning my background or qualifications for membership. I further understand that if my application is accepted, any misleading or false statements on this application shall be considered sufficient cause for termination of membership.

The National Association of Legal Investigators, Inc. is hereby authorized to make any investigation of my personal and background history for the purpose of determining my eligibility for membership in this association. I authorize the release of any and all records and information concerning me, and I do release from liability any person, company or government agency who furnishes such information. A photocopy of this form shall be as valid as the original. This authorization is valid for 180 days from date of signature.

Applicant's Signature _____ Date _____

MEMBERSHIP DIRECTORY INFORMATION

This information is available to the public on the website directory, therefore complete only the information you wish to put in the Directory. If no information is supplied, only your name, business address and business phone will be listed. Please print clearly.

First Name _____ Middle Initial _____ Last Name _____
Firm or Company _____
Address _____ City _____ State _____ Zip _____
Home phone # _____ Work phone # _____
Fax # _____ Cell phone # _____
Primary Email _____ 2nd Email _____
Business Website _____

(May list up to five specialty codes) _____
(see list attached) _____

Types of work declined _____

Background/Experience _____ Length of Time _____

May list up to five background codes _____
(see list attached) _____

If you are a law firm staff investigator, can you take outside investigation assignments? Yes No

The National Association of Legal Investigators, Inc., is hereby authorized to include this information in the NALI Membership Directory, and all parties participating in the publication of such information in this Association Directory are hereby released from any liability for so doing.

Signature of member _____ Date _____

SPECIALTY CODES

- ACC** Accident Reconstruction
- AGR** Agricultural and Farm
- ARS** Arson
- ABS** Asbestos, Asbestos Cases
- AST** Asset Checks
- AUT** Automobile and Small Trucks
- AVN** Aviation (General Aviation)
- BKG** Background Investigations
- BOA** Boating Accidents
- COM** Computer Crimes/Fraud
- CON** Construction Sites
- COR** Corporate Investigations
- CRM** Criminal Defense (General)
- CUS** Child Custody
- CHL** Children's Rights/Abuse
- CVL** Civil Rights
- DOC** Document Examination
- DOM** Domestic
- DRM** Dram Shop
- DDR** Drunk Drive Defense
- ELC** Electronic Surveillance
- EQU** Equine Injuries
- IND** Industrial Accidents

- INS** Insurance Investigations
- MAL** Malpractice Medical/Legal
- MIS** Missing Persons
- MOT** Motorcycle Accidents
- MRT** Maritime and Cargo Handling
- OIL** Oil Field Accidents
- PHO** Photography, Forensic
- PIN** Personal Injury
- POL** Polygraph and PSE
- PPS** Personal Process Service
- PRD** Products Liability
- RAI** Railroad and FELA
- REA** Real Estate Fraud
- SKT** Skiptrace
- STN** Standards Research
- SUR** Surveillance
- SWM** Swimming/Scuba Accidents
- TOX** Toxic Materials/Waste
- TRK** Truck/Trailer, Large
- TRP** Trial Preparation
- VID** Videotape
- WKR** Workers' Compensation
- WRG** Wrongful Death

BACKGROUND CODES

- EDU** Education (College Level)
- FED** Federal Law Enforcement
- GOV** State Government
- INS** Insurance
- JOU** Journalism (Investigative)
- MAR** Maritime
- MIL** Military
- INT** International
- MUN** Municipal Police/Sheriff
- OJE** On-the-Job Experience
- PDO** Public Defender's Office
- POL** Polygraph/PSE
- SEC** Security
- STA** State Police/Highway Patrol

PREVIOUS EXPERIENCE CODES

Put number of years of previous experience (two digits) following each background code. A typical directory page background/experience listing of codes might read: EDU04, MUN03, STA03, OJE06.