



MISSISSIPPI PROFESSIONAL INVESTIGATORS ASSOCIATION, INC.
(MPIA)
MEMBERSHIP APPLICATION

Submit completed application accompanied by current business license, check, money order or cashier check for membership dues of \$50.00 payable to the MPIA. Active Members must reside in the state of Mississippi. Associate Members are all other vendors or investigators that reside outside the state of Mississippi. Associate Members must be referred by a current Active Member and are not allowed to vote, hold office and will not be provided a password to access Jobs located in Mississippi but will be listed on the MPIA website. All members must have at least a year's experience in the industry.

Application Date: _____

Last Name	First Name	Middle Name
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List Aliases Used (*please include maiden/previous married name(s)*)

Social Security Number	Date of Birth	Place of Birth	Citizenship
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Business Name	Business License Number
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Business Address	City State	Zip Code
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Business Phone	Business Fax	Cell Phone Number
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Email Address	Website
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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 investigative 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 states: _____

List three licensed practicing attorneys or business entities for which you have performed investigative assistance within the past year. (provide name, address, phone number 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.

Applicant Signature Date

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.

Applicant Signature Date

NOTE

No applicant will be denied membership on the basis of age, 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. Once criminal record check has been completed, Social Security Number, Date of Birth and Place of Birth will be whited-out and application will be kept in our records.

DISCLAIMER

An incomplete application is cause for automatic rejection of membership.