

I.O.P.I.A.
P.O. Box 26006 Kitty
Georgetown, Guyana
592-222-3102



MEMBERSHIP APPLICATION

International Organization of Private
Intelligence Agencies

Licensing/Agency Information

Name

Company (As it appears on your license)

Address

City, State, Zip

Business Phone 2nd Business Phone

Fax

E-Mail Cell Phone

Website

Date of Birth (Not for Publication)

Does your state provide for licensing of investigators and/or private security personnel? ... Yes ... No

State Licensing Agency Name

License No. Expiration State

Has this license ever been suspended? ... Yes ... No

Have you held prior membership in IOPIA? ... Yes ... No

Membership Type Please Circle Below

- 1 year \$100.00 Please do not pay until approved
- Lifetime \$200.00 Please do not pay until approved

Services You Provide

Please list two business references, including one Investigation/Security company

Name Address Telephone Number

Name Address Telephone Number

Affidavit/Waiver I, the undersigned, do hereby certify that I am licensed by the state or subdivision in which I do business (where licensing is required) and that I agree to comply with all applicable federal and state laws within the scope of my business. I understand that maintaining a valid license is a prerequisite to both my admission as a member of I.O.P.I.A. and in continuing my membership. Should there be an action or claim against said license, I agree to furnish I.O.P.I.A. with all information relative to such claim or action. I also give my full consent and authorization to I.O.P.I.A. its Officers or their agents to investigate such claim/action and inquire into my reputation, character and fitness for membership. I understand that submitting false information either as part of this application process or during any subsequent investigation will result in either the rescission or revocation of my membership. I hereby agree to release the above named organization, its officers, members and/or agents from all liability, claims, injuries (implied or actual) in matters emanating from any such investigation. I further agree that if my membership is rescinded or revoked for any reason, I will accept the decision and expressly waive any right to dispute that decision and agree to waive any right to take any action, legal or otherwise, against the Association as a whole, its officers, directors, members or agents. Furthermore, I agree to abide by the Bylaws and Code of Ethics of I.O.P.I.A. and understand that any violation could result in suspension or revocation of my membership.

Signature

Date