



Southern California Fraud Investigators' Association

P. O. Box 80617
San Marino, CA 90001
www.scfia.org * contact@scfia.org

APPLICATION FOR MEMBERSHIP

Membership dues: \$50.00

Applicants must be primarily involved in fraud investigation and prosecution. Support personnel are not eligible for membership.

Excerpt from SCFIA by-laws, article ii, Membership:

"Membership in this association shall be limited to: peace officers, investigators or prosecuting attorneys actively engaged in fraud investigation and prosecution and regularly employed by the federal government, any state government, or counties and municipal subdivisions of any state; special agents or persons in the regular employ of private business in the various states. The primary duties of such agents or persons being the identification and prosecution of fraud offenders for their respective employer..."

PLEASE PRINT CLEARLY. REMEMBER TO SIGN APPLICATION.

Last Name: _____ First Name: _____ Initial: _____

Company/Agency: _____ Title/Unit: _____

Mailing Address: _____
(street) (City) (State) (Zip)

Phone No: _____
(Business) (fax) (Cell)

Email Address: _____

IDENTIFY THE POSITION YOU OCCUPY WHICH QUALIFIES YOU FOR MEMBERSHIP

- Public Employee Federal State County Peace Officer
 Investigator Prosecuting Attorney
- Private Sector Corporate Security Director/Investigator
 Licensed Private Investigator Owner/Employee State Lic. No: _____
 Attorney (insurers' defense counsel only) State Bar No.: _____
 Other (specify): _____

CONTINUED ON NEXT PAGE - DO NOT WRITE BELOW THIS LINE

BOARD OF DIRECTORS' ACTION - MEETING OF: _____

Approved

Disapproved

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date Pd: _____ Recpt. #: _____ Check # _____ Amt: _____ LTR: _____ Roster: _____ Badge: _____

Verification by: _____ Sponsors: (1) (2) (3) PI Lic. _____ References: (1) (2) (3)

REJECTED _____ REFUND DATE _____ CHECK No. _____

SPONSORS: Signatures of three sponsors are required. Sponsors must be members of this Association or of law enforcement agencies. Only one sponsor may be your employer. Sponsors must know Applicant personally and be able to attest to qualifications.

SPONSORS

The applicant is personally known to me and I certify that he/she meets the membership requirements of the Association.

Signature _____ Print your name, employer & phone _____ Time applicant is known to you _____

1. _____
2. _____
3. _____

PROFESSIONAL REFERENCES

For those without member sponsors, professional references are required. Please provide three company names and persons within those companies who can verify that you are employed to investigate fraud activities on their behalf. THIS INFORMATION WILL BE KEPT CONFIDENTIAL BY THE MEMBERSHIP COMMITTEE.

Company: _____
 Contact Person: _____ Phone No: _____
 Dates _____ of _____ Service: _____
 Services Rendered: _____

Company: _____
 Contact Person: _____ Phone No: _____
 Dates _____ of _____ Service: _____
 Services Rendered: _____

Company: _____
 Contact Person: _____ Phone No: _____
 Dates _____ of _____ Service: _____
 Services Rendered: _____

DECLARATION & AGREEMENT

I declare that I have read the above excerpt of the by-laws and that I meet the membership requirements of this association. I hereby authorize the association to inquire into and verify my membership qualifications. I agree that, if at any time during the term of my membership I become engaged in criminal defense or civil plaintiff investigative work, either on behalf of my employer or in a self-employed capacity, I will immediately advise the association by letter to the board of directors so that my continued membership may be reconsidered. I further agree that any and all communications, verbal or written, received by me as a member of this association shall be treated as confidential.

Note: A \$5.00 service fee will be added to dues paid by credit card

CVV# _____ **Zip Code** _____
 Check Enclosed American Express Visa MasterCard **Exp. Date:** _____

Card No: | | | | | | | | | | | | | | | | | | | | | |

Signature: _____ **Date:** _____

Upon full completing this application, forward the application and payment for current year's dues to the address above. Thank you.