



SOUTH FLORIDA INVESTIGATORS ASSOCIATION

Post Office Box 891

Fort Lauderdale, Florida 33302

www.sfloridainvestigators.org

Date of Application:(mm/dd/yr)_____ Social Sec. # _____

Applicant: (first, initial, last)_____

Residence Address:_____ City:_____ State:___ Zip:_____

Residence Phone:_____ Fax:_____ E-mail:_____

Name of Firm: _____

Business Address:_____ City:_____ State:___ Zip:_____

Business Phone:_____ Fax:_____ E-mail:_____

Mailing Address:_____ City:_____ State:___ Zip:_____

Primary Bus. Occupation:_____

Specialties:_____

Date of Birth:_____ Type of State License:_____ No.:_____

(attach copy of current state license)

Member of SFIA who will sponsor you:_____

Personal References: (2 persons who have known you at least 1 year)

(Name) (Address) (Telephone Number)

(Name) (Address) (Telephone Number)

Client References: (2) (Clients/Associates)

(Name) (Address) (Telephone Number)

(Name) (Address) (Telephone Number)

Have you ever been convicted of a crime? Yes No -----If so, list all convictions and dates:

(Date, conviction):_____

Employment History: (past 5 years beginning with most recent)

Employer: _____ Position: _____

Address: _____ Date hired: _____

City: _____ State: _____ Zip: _____ Date terminated: _____

Reason for leaving: _____

Employer: _____ Position: _____

Address: _____ Date hired: _____

City: _____ State: _____ Zip: _____ Date terminated: _____

Reason for leaving: _____

Employer: _____ Position: _____

Address: _____ Date hired: _____

City: _____ State: _____ Zip: _____ Date terminated: _____

Reason for leaving: _____

Certification

The facts set forth above in my application for membership are true and complete. I understand that if my application is accepted, false statements on this application shall be considered sufficient cause for termination of membership. You are hereby authorized to make any investigation of my personal history through any investigative or credit agencies of your choice. I authorize the release of any and all records & information concerning me. I further authorize any firm, person or governmental agency to release any requested information and I release from liability any person who furnishes information in connection with this form. A copy of this form shall be as valid as the original.

Date: _____ Signature of applicant: _____

- Full Member \$90 ____
- Associate Member \$65 ____
- Law Enforcement \$40 ____
- Student \$35 ____

**Checks should be made payable to SFIA
and enclosed with completed application.**

Please check which one of the committees you would like to work on:
 Membership..... Program..... Ways & Means..... Advertising