



Oregon Association of Licensed Investigators

APPLICATION FOR MEMBERSHIP

WELCOME TO OALI

The Oregon Association of Licensed Investigators, Inc., O.A.L.I., is the State of Oregon's oldest and largest investigation organization. OALI is chartered by the State of Oregon as a Domestic Nonprofit Corporation.

The OALI membership consists of investigative professionals and associates, whose mandate since 1983 has been to promote a standard of excellence among individual investigators, enhance public confidence in the profession, provide training and represent the industry in public and political forums.

MEMBERSHIP

Active Member:	\$75.00 per year
Associate Member:	\$50.00 per year
Retired Member:	\$20.00 per year
Honorary Member:	Membership Fee Waived

All memberships are on an annual basis, depending on the month of the first billing.

MEMBERSHIP APPLICATION:

1. Please answer all questions on the membership application completely.
2. You must submit proof of your Oregon Investigator License. A photocopy of your OBI identification card must accompany this application. Non-Licensed applicants (those exempt by law) and/or out of state applicants must submit proof of your profession ie: Business card, Letterhead, City/County licenses.
3. Sign the application in ink.
4. Forward the Application and dues to:
O.A.L.I. Membership Services
PO Box 2705
Portland, OR 97208

Applications paid by credit card may be FAXED to: 503-914-1685. Be sure to include all required items.

IF YOU HAVE NOT BEEN AN OREGON RESIDENT FOR AT LEAST TEN YEARS, YOU MUST PROVIDE ALL OUT OF STATE RESIDENCY INFORMATION.

PRIVACY STATEMENT

All personal information contained in this application will be held in strict confidence. Information will be used only in connection with your application or membership with this association and for no other purposes whatsoever. Personal information will not be released to any other person, firm, agency, or organization without your express written permission. Information requested on the Membership Application in **bold letters and underlined** indicates the data will be used in the Membership Directory, included on the web site, and used by our Referral Service.

If your application is approved and you become a member, you will be included in the Membership Directory and on the website database. The information listed below will be published in the Membership Directory, used on the web site, and used by the Referral Service.

<p>Personal</p> <ul style="list-style-type: none"> • Name • Nickname <p>Bill To Address Information</p> <ul style="list-style-type: none"> • Organization or Company Name • Organization or Company Title • Organization or Company Line 1 • Organization or Company Line 2 • Organization or Company Address Line 1 • Organization or Company Address Line 2 • Organization or Company City, State, Zip • Organization or Company County • Website Address <p>Phones & Contact</p> <ul style="list-style-type: none"> • Business Phone and Extension • Fax Number • Alternate Phone Number • Email Address 	<p>Membership</p> <ul style="list-style-type: none"> • Date Joined <p>Licensing</p> <ul style="list-style-type: none"> • License Number • State of Issue (Unless exempt) <p>General</p> <ul style="list-style-type: none"> • Paragraph from Member for Directory <p>Referrals (If you elect to participate)</p> <ul style="list-style-type: none"> • Who you will accept referrals from • Where you will accept work (geographically) • Specialties
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OALI MEMBERSHIP APPLICATION

Personal:

Full Name: Last: _____ First: _____ Middle: _____

Nickname: _____ **Birthdate:** _____

Business:

Bill To Address (published information): Invoices and statements will be sent to this address. This information will be published in the Membership Directory and/or on the Web Site.

Organization/Business Name: _____

Organization/Business Title: _____ (President, Vice-President, Partner, etc)

Organization/Business Line 1: _____

Organization/Business Line 2: _____

Organization/Business Address Line 1: _____

Organization/Business Address Line 2: _____

Organization/Business Address City: _____ **State:** _____ **Zip:** _____

County where business is located: _____

Website Address: _____

Ship To Address (unpublished information): All announcements, Handbooks and Videotape orders will be sent to this address.

Check here if all of the information is the same as the Bill To Address. If checked, this section can remain blank.

Organization/Name, Ship To Line 1: _____

Organization/Name, Ship To Line 2: _____

Organization/Business Mailing Address Line 1: _____

Organization/Business Mailing Address Line 2: _____

Organization/Business Mailing Address City: _____ **State:** _____ **Zip:** _____

Phones & Contact:

Home: (____) _____ **Business:** (____) _____ **Business Extension:** _____

Fax: (____) _____ **Cell/Mobile:** (____) _____ **Alternate Phone:** (____) _____

E-mail address: _____

Licensing:

Investigator License Number: _____ **State of Issue:** _____

Investigator License Type: _____ (PI, Provisional, Exempt)

Note: If you are exempt from ORS. 703.401 (Investigators), pursuant to ORS. 703.411 (Exceptions), please cite the appropriate exception (1- 16) with an explanation:

General:

1.) Have you lived in Oregon exclusively during the past ten years? Yes No

If you answered no, list the states/countries you have lived in during that time:

2.) How many years experience do you have conducting investigations? _____ years. _____ months.

3.) Please check all of the applicable categories regarding your current status:

Self-employed, independent contractor.

Employee of investigative firm, name of firm: _____

Staff investigator, name of firm: _____

Law Enforcement Officer, Agency: _____

Insurance claims adjuster, name of company: _____

State or government agency, specify: _____

Other, specify: _____

4.) Have you ever been convicted of a crime OR have you ever been a defendant in a civil action since you received your license or became an investigator? (Check one) Yes No If you answered yes, please indicate state and disposition:

5.) Are there criminal actions pending? (Check one) Yes No If you answered yes, please indicate state and court:

6.) Are you licensed as an investigator in any other state? (Check one) Yes No If Yes, please indicate which states:

7.) Please check the committees and activities in which you are interested in participating.

Seminar Planning

Constitution/By-laws

OALI Certification

Directory

Membership

Ethics

Legislative

Newsletter

Publicity

Education

Other: _____

8.) How did you learn about OALI?

OALI Member

Oregon Board of Investigators

Brochure

Regional Meeting

Membership Flyer

E-Mail

Other: _____

9.) (OPTIONAL) Please include an introduction paragraph about yourself organization or business that will be used as an announcement to our membership and placed in the Membership directory. Please include any services you provide in addition to investigations.

Benefits:

1.) **Participation in the OALI Referral Program.** I wish to participate in the OALI Referral Program.

(Check one) Yes No If no, please go to #2 below; if yes, please answer the following:

I will accept referrals from: (Check those that apply) Anyone Attorneys Businesses
 General Public Government Insurance Companies Investigators Other, please list _____

I am available to work in the following regions: (Check those that apply) All States Anywhere the law allows
 Oregon Eastern Oregon Oregon Coast Southern Oregon Willamette Valley Greater Portland
 Vancouver Area Washington Idaho California

2.) I would like to participate in the OALI Forum. (The OALI Forum is an e-mail based discussion group open only to OALI Members.). (Check one) Yes No

CERTIFICATION

The facts set forth in this application are true and complete. I understand if my application is accepted, any and all false statements I made on this application is sufficient cause for denial or termination of membership.

I pledge to support the Constitution, By-laws and Code of Ethics of the Oregon Association of Licensed Investigators, Inc.

Signature: _____ Date: _____

Printed Name: _____

I am applying for the following Membership Type:	For your convenience pay by credit card.
<input type="checkbox"/> Active Member: \$75.00 per year <input type="checkbox"/> Associate Member: \$50.00 per year <input type="checkbox"/> Retired Member: \$20.00 per year <input type="checkbox"/> Honorary Member: Membership Fee Waived	Card Type: <input type="checkbox"/> Visa, <input type="checkbox"/> MasterCard, <input type="checkbox"/> American Express
I have enclosed a check for \$_____.	Exact Name on Card: _____
	Card Number: _____
	Expiration Date: Month _____ Year _____
	Signature: _____



MEMBER SPECIALTIES

Place a check mark in front of each specialty you would like displayed in the Membership Directory. (Even if you are not participating in our Referral Program, listing your specialties is important in case one of our members would like to take advantage of your expertise.)

- | | |
|---------------------------|--------------------------|
| Accident Investigation | General Investigation |
| Accident Reconstruction | Immigration |
| Admiralty & Marine | Industrial Accident |
| Adoption Investigations | Insurance Investigations |
| Arson Investigation | Internet Profiling |
| Asset Recovery | Judgment Recovery |
| Aviation Investigation | Juvenile |
| Background Investigation | Legal |
| Canine Services | Livestock Theft |
| Child Abuse/Custodial | Medical Research |
| Civil Rights | Missing Persons |
| Collection Judgments | Notary |
| Computer Searches | Personal Injury |
| Corporate | Photography |
| Counter Surveillance | Polygraph Examiner |
| Crime Scene Reconstruct | Post Conviction Relief |
| Criminal Defense | Process Service |
| Death Claim Investigation | Product Liability |
| Discrimination | Public Records |
| DNA Collection Services | Railroad |
| Document Examiner | Repossessions |
| Domestic Matters | Sexual Harassment |
| Elder Abuse | Skip Tracing |
| Electronic Countermeasure | Staff Investigator |
| E-Mail Tracing | Surveillance |
| Environment/Haz Materials | Undercover Operations |
| Financial / Asset | White Collar Crime |
| Fingerprint Expert | Workers Compensation |
| Fire Cause and Origin | Wrongful Death |
| Firearms | |
| Fraud | |