



Oregon Association of Licensed Investigators

Application for Membership

Welcome to OALII – The Oregon Association of Licensed Investigators, Inc., or OALII, is the State of Oregon’s oldest and largest investigative organization. OALII is chartered by the State of Oregon as a Domestic Non-profit Corporation.

The OALII 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 Dues

I am applying for this membership type:		Cost
<input type="checkbox"/>	Active OALII Member	\$75.00 / Year
<input type="checkbox"/>	Associate OALII Member	\$70.00 / Year
<input type="checkbox"/>	Retired OALII Member	\$20.00 / Year
<input type="checkbox"/>	Honorary OALII Member	Fee Waived

**All membership dues are invoiced annually, based on the month of the first billing.*

Completing the 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 DPSST 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 – i.e. out-of-state license, business card, letterhead, city/county licenses.**
3. Please type or print neatly.
4. Sign the application in ink.
5. Forward the Application and dues to:
 OALII Membership Services
 PO Box 2705
 Portland, OR 97208

Applications paid by Credit Card may be faxed to: (800) 385-6254. Be sure to include all required items along with a completed and signed Credit Card Payment Authorization Form (available for download at www.oalii.org)

IF YOU HAVE NOT LIVED IN YOUR CURRENT STATE OF RESIDENCE FOR AT LEAST TEN YEARS, YOU MUST PROVIDE ALL OTHER STATES RESIDENCY INFORMATION.

PRIVACY INFORMATION

All personal information contained in this application will be held in strict confidence. Information will be used only in connection with your application for membership with this association and for no other purpose whatsoever. Personal information will not be released to any other person, firm, agency, or organization without your express written permission. If your application is approved and you become a member, you will be included in the Membership Directory and on the OALII web site database. The information you provide in the “Directory Listing” section will be published in the Membership Directory used on the OALII web site. **However, if you do not complete this section, your Name, License Number, and business contact information will be published in the Membership Directory and used on the OALII web site by default.**

OALI Application Form

PERSONAL INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Nicknames: _____ Contact Phone Number: _____

1. Have you lived in Oregon exclusively during the past ten years? (Circle one) YES NO

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

2. How many years of 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: _____

_____ Law Enforcement Agency – Agency: _____

_____ Insurance claims adjuster – Name of Company: _____

_____ State or Governmental 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 (Circle one) YES NO If you answered yes, please indicate state and disposition:

5. Are there criminal actions pending (Circle one) YES NO If you answered yes, please indicate state and court:

6. Have you ever been licensed as an investigator in any other state? (Circle one) YES NO If yes, please indicate which state and license number: _____

7. Please include a short paragraph describing any additional services or specialties you provide in addition to private investigations.

LICENSING INFORMATION

Investigator License Number: _____ State of Issue: _____

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: _____

Other Professional Licenses (Please specify state of issue, license number and type of license):

COMPANY / BUSINESS INFORMATION

Company/Business Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext. _____ Fax: _____

Cellular Phone: _____ Alt. Phone: _____

Web Site: _____ E-mail address: _____

GENERAL QUESTIONS

How did you hear about OALI?

<input type="checkbox"/> OALI Member	<input type="checkbox"/> Brochure / Flyer	<input type="checkbox"/> Regional Meeting	<input type="checkbox"/> Email
<input type="checkbox"/> Internet Search	<input type="checkbox"/> Other _____		

What committees and activities are you interested in participating?

<input type="checkbox"/> Seminar Planning	<input type="checkbox"/> Constitution/By-laws	<input type="checkbox"/> OALI Certification	<input type="checkbox"/> Directory
<input type="checkbox"/> Membership	<input type="checkbox"/> Ethics	<input type="checkbox"/> Legislative	<input type="checkbox"/> Newsletter/Publicity
<input type="checkbox"/> Education	<input type="checkbox"/> Other _____		

OALI Directory Listing

REMINDER: Any information provided below WILL be published in the OALI Web site Membership Directory!

First Name: _____ Middle Initial: _____ Last Name: _____

Company/Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext. _____ Fax: _____

Cellular Phone: _____ Alt. Phone: _____

Web Site: _____ E-mail address: _____

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 my membership. This is a non-refundable application for membership in a professional organization only and there are no offers of employment or other financial benefits, expressed or implied in membership. This is an application only and does not constitute membership until approved by the Board of Directors or their designee. Applicants that are denied will be notified in writing as to the reason(s). Dishonesty or deception, in whole or in part, of any information on this application may be cause for denial of membership. Your signature on this application constitutes permission for the OALI Board of Directors, or their designee, to conduct a background investigation, including, but not limited to, criminal history check, licensing agency confirmation, license disciplinary actions, residency, and public or private complaints regarding ethical conduct related to the private investigative profession. Financial/Credit histories protected under FCRA regulations are excluded.

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

Signature: _____ Date: _____

Printed or Typed Name: _____

(NOTE: If paying the Non-refundable Membership Fee by Check page 5 does not need to be completed.)

Oregon Association of Licensed Investigators, Inc.

Credit or Debit Card Payment Authorization Form

Please complete, sign and date this form to authorize Oregon Association of Licensed Investigators, Inc to make a one-time debit or credit card transaction charge for the amount below on the card listed.

I, _____ hereby authorize Oregon Association of
(Print Full Name)
Licensed Investigators, Inc to charge my below listed Credit Card or Debit Card for the total amount of
\$ _____, for the payment of:

Non-refundable Membership Application Fee (ANNUAL DUES AMOUNT).

TYPE OF CARD: VISA MasterCard Discover

Card Number: _____ Expires: ____/____ ____

CVV2 (Security number from back of card): _____

Name as it appears on card: _____

Company name: _____

Billing address for card: _____

(City)

(State)

(Zip Code)

(Signature)

(Date)