



**Georgia Association of Professional Private Investigators, Inc.**  
**2012 Membership Form**  
 \_\_\_\_\_ **New** \_\_\_\_\_ **Renewal**

Applicant's Name			
Last	First	MI	Name by which you would prefer:

- Do not add my information to the website Membership List ([www.gappi.org](http://www.gappi.org))
- Do not send **The Connection** newsletter via e-mail only (mailed hardcopy is not needed)

Member Information	
Agency Name:	
Address 1:	
Address 2:	
City, State:	Zip:
County:	Fax:
Phone:	Cell:
E-mail:	
Website: <a href="http://">http://</a>	

For Students/Professor	
Instructor Name:	Institution:

Membership Level & Annual Fee (Select One)				
<input type="checkbox"/> <b>Active</b>	<small>Limited to Private Detectives and Security Officers Licensed in the State of Georgia who are in good standing with the State Board.</small>		\$100	\$ _____
<input type="checkbox"/> <b>Associate</b>	<small>Available to any person who is in the field of investigations or security but NOT licensed in the State of Georgia.</small>		\$100	\$ _____
<input type="checkbox"/> <b>Retired</b>	<small>Limited to individuals who are retired from the private detective or security field, GAPPI member for 5 years, and licensed in GA for 5 years.</small>		\$100	\$ _____
<input type="checkbox"/> <b>Corporate</b>	<small>Provides memberships for up to 3 (active or associate) employees of the same company. Additional corporate members beyond the first 3 are \$70 each.</small>		\$200 <small>(First 3 Employees)</small> \$70 x _____ <small>(Over 3)</small>	\$ _____
<input type="checkbox"/> <b>Student</b>	<small>Available for individuals who are enrolled in a private detective, security, or criminal justice training program. After <u>one year</u>, student must renew as an Active or Associate Member.</small>		\$50	\$ _____

Corporate Members			
Name	Active	Associate	Please provide a separate membership form for each Active or Associate Member listed. Additional Corporate Members (over 3) can be added at \$70 each.
1.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	
4. (+\$70)	<input type="checkbox"/>	<input type="checkbox"/>	
5. (+\$70)	<input type="checkbox"/>	<input type="checkbox"/>	

Print Name: \_\_\_\_\_

State License Information		
Agency License #:	Type: <input type="checkbox"/> Detective <input type="checkbox"/> Security <input type="checkbox"/> Both	
Employee License #:	Type: <input type="checkbox"/> Weapon <input type="checkbox"/> Non-weapon	
Instructor License #:	Type: <input type="checkbox"/> Classroom <input type="checkbox"/> Firearm <input type="checkbox"/> Both	
Has the licensing board in any state ever taken action against you? (Including but not limited to consent order, suspension, revocation, censor or withdrawal) If yes, please attach a written explanation.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Committee Interest		
<input type="checkbox"/> Benefits	<input type="checkbox"/> Membership	
<input type="checkbox"/> Benevolence	<input type="checkbox"/> Legislative	
<input type="checkbox"/> Editorial		
<input type="checkbox"/> Training		
Services You Provide – Indicate a Maximum of Five (5):		
<b>Detective</b> <input type="checkbox"/> Arson Investigations <input type="checkbox"/> Asset Investigations <input type="checkbox"/> Aviation Investigations <input type="checkbox"/> Accident Reconstruction <input type="checkbox"/> Background Checks <input type="checkbox"/> Child Abuse/Custody Investigations <input type="checkbox"/> Civil Investigations <input type="checkbox"/> Construction Investigations <input type="checkbox"/> Corporate Investigations <input type="checkbox"/> Computer Crimes Investigations <input type="checkbox"/> Crime Scene Investigations <input type="checkbox"/> Criminal Investigations <input type="checkbox"/> Debugging <input type="checkbox"/> Divorce Investigations <input type="checkbox"/> DUI Investigations <input type="checkbox"/> Document Examinations <input type="checkbox"/> Due Diligence Investigations	<input type="checkbox"/> Executive Protection <input type="checkbox"/> Fingerprint Analysis <input type="checkbox"/> Firearm/Ballistics Investigations <input type="checkbox"/> Fraud Investigations <input type="checkbox"/> Homicide Investigations <input type="checkbox"/> Handwriting Analysis <input type="checkbox"/> Industrial Accident Investigations <input type="checkbox"/> Infidelity Investigations <input type="checkbox"/> Intellectual Property Investigations <input type="checkbox"/> Interviews & Interrogation <input type="checkbox"/> Insurance Fraud Investigations <input type="checkbox"/> Maritime Investigations <input type="checkbox"/> Medical & Malpractice Investigations <input type="checkbox"/> Missing Persons Investigations <input type="checkbox"/> Mystery Shoppers <input type="checkbox"/> Narcotics Investigations <input type="checkbox"/> Personal Injury Investigations	<input type="checkbox"/> Polygraph Examinations <input type="checkbox"/> Pre-Employment Screening <input type="checkbox"/> Prenuptial Determinations <input type="checkbox"/> Process Service <input type="checkbox"/> Product Liability Investigations <input type="checkbox"/> Property & Real Estate Invest. <input type="checkbox"/> Security/Property Protection <input type="checkbox"/> Sex Crime Investigations <input type="checkbox"/> Skip Tracing & Locates <input type="checkbox"/> Technology Investigations <input type="checkbox"/> Theft Investigations <input type="checkbox"/> Undercover Operations <b>Security</b> <input type="checkbox"/> Guard & Patrol <input type="checkbox"/> Armored Car/ Courier <input type="checkbox"/> Executive Protection <input type="checkbox"/> Correctional / Detention Facility <input type="checkbox"/> Security Consulting
Payment Options		
<input type="checkbox"/> Check or Money Order – Payable to GAPPI, 665 Red Oak Road, Stockbridge, GA 30281      Return Check Fee is \$35		
<input type="checkbox"/> Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX    Expiration:    /    /		
Number:	Security Code:	
Name on Card:	Total Amount:	
Complete Mailing Address:		
Signature:		
Statement of Intent		
<p>I hereby apply for membership in GAPPI and agree to abide by the GAPPI Constitution, Bylaws and Code of Ethics. If applying as an active member, I hereby attest that I am licensed and in good standing with all applicable state licensing agencies. I attest that the information provided on this application is true and correct and understand that submitting false information will result in the revocation of my membership and loss of any fees. I understand, unless otherwise indicated, the information on this application will be available for publication and I agree to fully and completely hold harmless all parties in the release and use of such information.</p>		
Signature:	Date:	