



# P I C A Membership Application

## PROFESSIONAL INVESTIGATORS OF CALIFORNIA, INC.

Phone: (805) 354-5600 Fax: (805) 823-2700

NAME:	PLEASE TYPE OR PRINT LEGIBLY
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COMPANY: <i>[AS IT APPEARS ON YOUR LICENSE]</i>
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PI LICENSE NUMBER: *	STATE / JURISDICTION:	ISSUE DATE:	EXPIRATION DATE:
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ADDRESS:
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CITY:	STATE:	ZIP CODE:	COUNTY:
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IF ABOVE IS A P.O. BOX OR PMB, PLEASE PROVIDE A STREET ADDRESS FOR PERSONAL DELIVERIES:
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BUSINESS PHONE:	2ND BUSINESS PHONE:	FAX NUMBER:
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CELLULAR PHONE:	PAGER:	DATE OF BIRTH: <i>[NOT FOR PUBLICATION]</i>
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E-MAIL ADDRESS: <i>[FOR PICA DIRECTORY &amp; LISTSERVE]</i>	WEBSITE:
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**DISTRICT AFFILIATION:** If your business address is in California, please select the district of your choice.

<input type="checkbox"/> <b>Bay Area</b> Alameda Contra Costa Marin Napa San Francisco San Mateo Santa Clara Santa Cruz Solano Sonoma	<input type="checkbox"/> <b>Capitol District</b> Alpine Amador Calaveras El Dorado Nevada Placer Sacramento San Joaquin Sierra Sutter Tuolumne Yolo Yuba	<input type="checkbox"/> <b>Northern District</b> Butte Del Norte Siskiyou Modoc Humboldt Trinity Shasta Lassen Mendocino Tehama Plumas Glenn Lake Colusa	<input type="checkbox"/> <b>Central Valley</b> Stanislaus Merced Mono Mariposa Madera Fresno
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<input type="checkbox"/> <b>South Valley</b> Kings Tulare Inyo Kern	<input type="checkbox"/> <b>Central Coast</b> Ventura Santa Barbara San Luis Obispo Monterey San Benito	<input type="checkbox"/> <b>Los Angeles</b>	<input type="checkbox"/> <b>Orange</b>	<input type="checkbox"/> <b>Inland Empire</b> San Bernardino Riverside	<input type="checkbox"/> <b>San Diego</b> San Diego Imperial
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<input type="checkbox"/> <b>ACTIVE</b> Member Dues: \$99 California licensed private investigators are eligible to apply for membership. * Dues valid through December 31, 2010	<input type="checkbox"/> <b>ASSOCIATE</b> Member Dues: \$99 Licensed P.I. in another state or any person otherwise authorized to conduct investigations are eligible to apply.** Dues valid through December 31, 2010	<input type="checkbox"/> <b>SERVICE &amp; Industry</b> Dues: \$99 Any individual who provides services and or material to the PI industry may apply. Dues valid through December 31, 2010	<input type="checkbox"/> <b>STUDENT</b> Member Dues: \$ 49 Any individual enrolled in a PI related course is eligible to apply. * Dues valid through December 31, 2010
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<b>SPECIALTIES</b> <input type="checkbox"/> Background <input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> General <input type="checkbox"/> Locates <input type="checkbox"/> Other: _____ <input type="checkbox"/> Insurance Adjusting <input type="checkbox"/> Surveillance <input type="checkbox"/> Workers' Comp. <input type="checkbox"/> Workplace Inv. <input type="checkbox"/> Asset Investigation	<b>BACKGROUND</b> <input type="checkbox"/> Education Years:____ <input type="checkbox"/> Federal Government Years:____ <input type="checkbox"/> Law Enforcement Years:____ <input type="checkbox"/> Military Years:____ <input type="checkbox"/> On the job Years:____ <input type="checkbox"/> Other:_____ Years:____	<b>LANGUAGES</b> <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Italian <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Other: _____ <input type="checkbox"/> Vietnamese <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Dutch <input type="checkbox"/> Chinese
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I hereby apply for membership to the Professional Investigators of California Association [PICA]. Enclosed is my check made payable to PICA to cover the PICA introductory rate for membership dues valid through **December 31, 2010**. I authorize representatives of PICA to make a complete and thorough review of my application. **I understand that the information on this application will be available for publication unless otherwise noted.** I understand that submitting false information on this application will result in denial and/or revocation of my membership. I agree to abide by the Bylaws, Code of Ethics, Standing Rules and all amendments approved by the members of PICA.

SIGNATURE _____	DATE _____
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**PLEASE PROVIDE ONLY THE INFORMATION AS YOU WOULD LIKE TO SEE IT APPEAR IN THE PICA MEMBERSHIP DIRECTORY AND ONLINE DIRECTORY.**

\* Please enclose a copy of your California Private Investigator's License. \***STUDENTS:** Provide Proof of Student Enrollment

\*\* Individuals in their own jurisdiction qualified under respective laws or regulations; Insurance Investigators, Full-Time Law Enforcement, Fire Department Investigative Personnel, Partners and Officers of an Investigative Corporation, Employees of a Private Investigative Agency.