



# Southern California Fraud Investigators' Association

P.O.Box 80718  
Rancho Santa Margarita, CA 92688  
www.scfia.org \* contact@scfia.org

## APPLICATION FOR MEMBERSHIP

Membership dues: \$50.00

Applicants must be primarily involved in fraud investigation and prosecution. Support personnel are not eligible for membership.

Excerpt from SCFIA by-laws, article ii, membership:

"Membership in this association shall be limited to: peace officers, investigators or prosecuting attorneys actively engaged in fraud investigation and prosecution and regularly employed by the federal government, any state government, or counties and municipal subdivisions of any state; special agents or persons in the regular employ of private business in the various states. The primary duties of such agents or persons being the identification and prosecution of fraud offenders for their respective employer..."

### PLEASE PRINT CLEARLY. REMEMBER TO SIGN APPLICATION.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Company/Agency: \_\_\_\_\_ Title/Unit: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(street) (City) (State) (Zip)

Phone No: \_\_\_\_\_  
(Business) (fax) (Cell)

Email Address: \_\_\_\_\_

### IDENTIFY THE POSITION YOU OCCUPY WHICH QUALIFIES YOU FOR MEMBERSHIP

- Public Employee  Federal  State  County  Peace Officer  
 Investigator  Prosecuting Attorney
- Private Sector  Corporate Security Director/Investigator  
 Licensed Private Investigator Owner/Employee State Lic. No: \_\_\_\_\_  
 Attorney (insurers' defense counsel only) State Bar No.: \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

### CONTINUED ON NEXT PAGE - DO NOT WRITE BELOW THIS LINE

BOARD OF DIRECTORS' ACTION - MEETING OF: \_\_\_\_\_

Approved

Disapproved

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date Pd: \_\_\_\_\_ Recpt. #: \_\_\_\_\_ Check # \_\_\_\_\_ Amt: \_\_\_\_\_ LTR: \_\_\_\_\_ Roster: \_\_\_\_\_ Badge: \_\_\_\_\_

Verification by: \_\_\_\_\_ Sponsors: (1) (2) (3) PI Lic. \_\_\_\_\_ References: (1) (2) (3)

REJECTED \_\_\_\_\_ REFUND DATE \_\_\_\_\_ CHECK No. \_\_\_\_\_

**SPONSORS:** Signatures of three sponsors are required. Sponsors must be members of this Association or of law enforcement agencies. Only one sponsor may be your employer. Sponsors must know Applicant personally and be able to attest to qualifications.

**SPONSORS**

The applicant is personally known to me and I certify that he/she meets the membership requirements of the Association.

Signature	Print your name, employer & phone	Time applicant is known to you
<hr/>		
1.	<hr/>	
2.	<hr/>	
3.	<hr/>	

**PROFESSIONAL REFERENCES**

For those without member sponsors, professional references are required. Please provide three company names and persons within those companies who can verify that you are employed to investigate fraud activities on their behalf. THIS INFORMATION WILL BE KEPT CONFIDENTIAL BY THE MEMBERSHIP COMMITTEE.

Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Services Rendered: \_\_\_\_\_

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Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Services Rendered: \_\_\_\_\_

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Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Services Rendered: \_\_\_\_\_

**DECLARATION & AGREEMENT**

*I declare that I have read the above excerpt of the by-laws and that I meet the membership requirements of this association. I hereby authorize the association to inquire into and verify my membership qualifications. I agree that, if at any time during the term of my membership I become engaged in criminal defense or civil plaintiff investigative work, either on behalf of my employer or in a self-employed capacity, I will immediately advise the association by letter to the board of directors so that my continued membership may be reconsidered. I further agree that any and all communications, verbal or written, received by me as a member of this association shall be treated as confidential.*

**Note: A \$5.00 service fee will be added to dues paid by credit card**

Check Enclosed     Charge my credit card     Visa     MasterCard    Exp. Date: \_\_\_\_\_

Card No: | | | | | | | | | | | | | | | | | | | | | |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Upon full completing this application, forward the application and payment for current year's dues to the address above. Thank you.**