



MEMBERSHIP APPLICATION FORM

To be completed in the handwriting of the applicant and returned to:-
**The Membership Secretary, The World Association of Professional Investigators,
 212 Piccadilly, London, W1J 9HG, United Kingdom**
 Tel: +44 (0) 870 909 9970 Fax: +44 (0) 870 901 0209

MEMBERSHIP CATEGORY		
I wish to apply for: (tick as appropriate)		
	Full Membership	£100 pa
	Associate Membership	£50 pa
	Fellow Membership	£100 pa
	Affiliate Membership	£150 pa
	Overseas/Full Membership	£100 pa
	Corporate Membership	£250 pa

Attach
passport size
photograph here

PERSONAL DETAILS			
Full Name			
Address			
Post / zip code			
Telephone number			
Mobile number			
Email address			
Date of Birth			
Professional qualifications (show date achieved)			
Awards / Law enforcement / Military			
Length practising as a professional investigator		years	
			months
Previous address			
(if moved within the last three years)			

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EMPLOYMENT DETAILS			
Company Name			
Business Address			
Telephone number			
Fax number			
DX number			
Email address			
Web site address			
Job title			
Date started			
Business relationship (tick as appropriate)		Sole trader	
		Director	
Partner			
Employee			
Date business established			

PREVIOUS EMPLOYMENT DETAILS	
Provide details of your employment for the past 5 years	
Job title	
Business Name	
Date from and to	
Job title	
Business Name	
Date from and to	
Job title	
Business Name	
Date from and to	

EXPERIENCE	
Describe the type of work undertaken	
Describe any specialist skills you have	

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RELEVANT QUESTIONS

Have you been convicted of a criminal offence, other than Road Traffic Offences?

Yes No

If 'Yes' please give details

Are you a member of any other trade-related associations?

Yes No

If 'Yes' please give details

REFERENCES

Please supply the names and addresses of two professional people who can provide a written reference as to your character and professionalism.

Name	
Address	
Telephone number	
Email address	
Name	
Address	
Telephone number	
Email address	

NB. If you are an employee, the first reference must be from your current employer.

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DECLARATION		
I (full name)		
Of (full address)		
Occupation		
Do state:		
<p>The information I have given in this application is true and correct. I request the World Association of Professional Investigators Limited (the "Association") to consider my application for membership. I agree that acceptance to membership of the "Association" is solely at the discretion of the Membership Committee and that no correspondence will be entered into with applicants concerning the selection procedures. I agree that the annual membership fee in force from time to time will be notified to me in writing if my application is successful and will be payable upon my enrolment to the "Association" and annually thereafter at the prevailing rate. By signing this application form I agree to abide by the Disciplinary Procedure, Code of Ethics, Memorandum and Articles of Association and the Bye-Laws of the "Association" in force from time to time. In the event of Expulsion from the "Association" I would forfeit all subscriptions for the current year and undertake to remove any reference to WAPI from my website or printed stationary.</p>		
Signature of Applicant		Date
Witnessed by (print name)		
Address		
Signature of Witness		Date

PAYMENT DETAILS			
Please tick appropriate box		Cheque enclosed made payable to World Association of Professional Investigators In pounds sterling drawn on a UK clearing bank.	
		Please charge to my credit card	
Card Number			
Credit card to be used	Mastercard/Visa/Amex		Security No:
Card dates	Valid from		Expiry date

RETURNING THIS FORM	
When returning this application form, please enclose the following:	
Please tick those applicable	
	Payment / details
	One passport size photograph
	Copy of Licence to Practise as an Investigator
	Copy of relevant qualifications

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