



World Association of Detectives, Inc.

A Global Alliance of Investigators and Security Professionals
Founded 1925

APPLICATION FOR MEMBERSHIP

Proposed by W.A.D. Member: _____ (Optional)

Mail completed application to: WORLD ASSOCIATION OF DETECTIVES, INC., KAREN BEERS
ADMINISTRATIVE MANAGER, 3344 SOUTH 11TH AVENUE, BOX#200030 EVANS, CO, USA.
E-mail: wad@wad.net Tel: +1-443-982-4586 Fax: +1-410-388-9746.

The official language of the Association shall be English (By-laws, Article III, Section 2, a.) All messaging within the Association shall be communicated in English.

APPLICATIONS FOR MEMBERSHIP MUST BE SUBMITTED IN ENGLISH. PLEASE PRINT LEGIBLY

ACTIVE MEMBER: An applicant for Active membership shall be an individual who is a Principal or the Manager or Branch Manager of an agency, firm, or corporation, which has been in operation for one (1) year, legally qualified to practice the profession of Private Investigator or Security Service, and has been employed as such for a period of three (3) years, unless decided otherwise by the Executive Committee, and licensed where required and be a legal representative. Combined experience from more than one agency, firm or corporation shall apply. An applicant who is not a Principal must submit, in English, the name and telephone number of the President of the Company who will verify their stated position.

Those applicants, approved by the Executive Committee, who have not reached the three (3) years required experience, will remain probationary members until the three (3) years is obtained. During the probationary period the dues will be the same as for Active Members and the probationary member shall receive all Association communications and privileges and shall be entitled to attend any regular meeting of the Association but will have no voting privileges and shall not permitted to hold office or serve on any standing or special committee.

The following must be provided or explanation given as to why it is not. Incomplete applications will not be considered. Application should be typed for legibility and accuracy where possible. Hand written applications MUST be clear and legible.

- Cash, Credit Card, or Check in the amount of US\$245 (payable in U.S. dollars and drawn on a U.S. bank) Annual dues of US\$195 plus a non-refundable application fee of US\$50.
- Detailed information regarding your certificate of insurance and bond, where applicable or required, stating amount, name of insurance company and expiration date.
- Detailed information regarding your license certificate, where applicable or required, stating the name of licensing authority to include telephone number, license or certificate number and expiration date.
- By signing you certify you are authorized to act in the capacity of Director, General Manager or Manager if you are not the owner.

1. Last Name of applicant: _____

2. Given Name: _____ Middle Name: _____

Date of Birth (spell Month): Month: _____ Day: _____ Year: _____ Birthplace: _____

3. Your business name: _____

4. Full business mailing address (Include physical address if PO Box is used) (Please submit Letterhead or Business card for proper address format): _____

5. Business telephone (Country Code):_+____City or Area Code: _____ Number: _____

6. FAX number (Country Code):_+____City or Area Code: _____ Number: _____

7. E-mail address: _____

8. Web Site: _____

9. Your position with business: _____

10. Time in position: _____

11. Date business established: _____

12. Date you entered above business: _____

13. Do you have financial control of the business: YES NO

14. Prior related experience including name of employer, position, & briefly explain duties:

15. Is business subject to licensing regulations? **Note: This information is mandatory for verification purposes.**

YES NOT REQUIRED IN STATE NOT REQUIRED IN COUNTRY

- If yes, insert license number: _____ Expiration date: _____
- Licensing authority: _____ Telephone Number of licensing authority: _____

Please submit a copy of License if available and required

16. Insurance/Bond information: State amounts, Insurance Company, telephone number and expiration date:

17. Have you ever been convicted in any criminal proceeding or is any criminal proceeding pending?

YES NO (If yes, explain on additional paper, where, why and when.)

18. Have you ever been charged with any violation or complaint by any government or licensing authority?

YES NO (If yes, include name and contact information of authority on separate paper)

19. Do you maintain a full-time business? YES NO

20. Do you maintain additional office(s)? YES NO

21. If yes, please list additional office details below. There is a \$50 annual fee for each additional office you wish to be listed. The fee may be paid **after** membership approval, but before the additional office(s) are listed. Additional offices must be staffed by an employee(s), licensed where required and operating legally in accordance with local laws

22. List professional organizations in which you now hold membership and their contact information:

23. Please provide names and contact details of references who are active members of W.A.D. or other recognized professional security/investigative organizations.

24. Please list all the languages spoken by you or your staff: _____

WAIVER

I give full consent to the World Association of Detectives, Inc., (W.A.D.) its Officers, Members, and/or their Agents, to verify and inquire into my reputation, character, credit and/or standing for membership in the W.A.D. I hereby release, indemnify and hold harmless the above named organization, its Officers, Members, and/or Agents from all liability, claims, (implied or actual) in matters emanating from said review and/or investigation.

Signature of Applicant

Date

CERTIFICATION

I hereby certify that all entries made by me in this application and the application process are true, complete, and correct to the best of my knowledge and belief and are made in good faith. Furthermore, I do hereby certify that I am a person of good character and good reputation, and that I will abide by the By-Laws, its Preamble and Code of Ethics of the World Association of Detectives.

Signature of Applicant

Date

Payment Method: **Check Enclosed** **Credit Card (see below)**

Credit Card Number: _____ **Expiration Date** _____ **CID** _____

