



Indiana Society of Professional Investigators

An Association Representing Professional Investigators,
Security Guards, and Process Servers

235 N. Pine Street
Lansing, MI 48933
P: 855.404.6774
F: 517-372-1501

info@indianainvestigators.com
www.indianainvestigators.com

Membership Application

The Applicant information, excluding your name, is exclusively for INspi's use and will not be released to anyone. Your name and agency information are public record and will be listed in our directory and on our webpage. Please include your email and webpage addresses. Once your membership is approved, a membership package will be forward to you.

Membership Categories and Annual Dues: (please check your category)

- Principal - State of Indiana Licensee; voting member - \$100
- Associate - Authorized Employee of Principal; non-voting member \$50
- Affiliate - Out-of-State Agency Owner and Other; non-voting member \$100
- Life Member - Available for one payment of \$1000 or quarterly payments of \$250
 - INspi Scholarship Donation \$ _____

Applicant Information

First Name _____ MI _____ Last Name _____

DOB ____/____/____ SSN _____ - ____ - _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Home Fax: _____

Home E-mail: _____

Recommended by: _____

APPLICANT SIGNATURE: _____ DATE: _____

Your signature is your agreement to abide by our Constitution and Bylaws.

AGENCY NAME: _____

Your Title: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing address if different: _____

Agency License No: _____ Your PI Card (AE) no: _____

Phone: _____ Fax: _____

Email: _____ Web: _____

Specialty: _____

I am interested in serving on a committee Please contact me.

My area of interest: _____

Mail this form with payment to: 235 N. Pine Street, Lansing, MI 48933 P: 855.404.6774 F: 517-372-1501