INDIANA SOCIETY OF PROFESSIONAL INVESTIGATORS, INC.

MEMBERSHIP APPLICATION AND RENEWAL WEB FORM

Complete this form and forward with your dues check to the address below. 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 web page. Please include your e-mail and web page addresses. For new members, once your application is approved, a membership kit will be forwarded.

Membership Categories and Annual Dues. Please check your category:

___Principal. State of Indiana Licensee; voting member **$75**
___Associate. Authorized Employee of Principal; non-voting member **$35**
___Affiliate. Out-of-State Agency Owner and Other; non-voting member} **$75**
___Life Member. Available for one payment of $1,000 or quarterly payments of $250.
To make a donation to the INSPI Scholarship Fund, list amount here: $_____

If renewal check here:____

APPLICANT NAME:_____ DOB_____
First MI Last SSN_____
Home Address:_____
Street City State ZIP
County:_____
Home Phone:_____ Home Fax:_____
Home E-mail:_____
Recommended by:_____
APPLICANT'S SIGNATURE:_____ DATE:_____
Your signature is your agreement to abide by our Constitution and Bylaws.

AGENCY NAME:_____
Your Title:_____
Address:_____
_____ County:_____
City State ZIP
Mail address if different:_____
Agency License No._____
Your PI Card (AE) No:_____
Phone:_____
Fax:_____
E-mail:_____
Web:_____
Specialty:_____
I am interested in serving on a committee. Please contact me. My area of interest:
_____

Mail this form with payment to:

Ray Myszak, INSPI Secretary-Treasurer, PO Box 4392, Hammond, IN 46324.
Phone 219-554-0100, Fax 219-554-0101, Email staray@aol.com.