



Indiana Society of Professional Investigators

"An organization dedicated to promoting the competency and integrity of the investigative and security professionals."

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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 \$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 \$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:

_____ First MI Last
 DOB ____/____/____ SSN ____-____-____

Home Address: _____

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: _____

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

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:

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