

DEFENSE INVESTIGATORS ASSOCIATION
The California Organization of Public Defender Investigators
P.O. Box 2249, San Rafael, CA 94912
www.cdia.org

DIA MEMBERSHIP APPLICATION FOR 2012

Information from this form will be used to update the DIA 2012 Membership Directory. You may also download this form at our Web site, www.cdia.org.

NAME: _____

OFFICIAL TITLE: _____

EMPLOYED FULL-TIME BY A PUBLIC DEFENDER'S OFFICE AND ACTIVELY ENGAGED IN THE INVESTIGATION FOR DEFENSE OF PERSONS CHARGED WITH OFFENSES UNDER FEDERAL, STATE, COUNTY OR LOCAL LAWS.

OFFICE/COMPANY: _____

STREET ADDRESS: _____

CITY, STATE, ZIP : _____

TELEPHONE () _____ FAX () _____

E-MAIL _____

YEARS OF EXPERIENCE _____ PRIVATE INVESTIGATOR'S LIC. # _____

ARE YOU INTERESTED IN WORKING WITHIN THE ASSOCIATION? YES NO

IF SO, WHAT INTERESTS YOU? _____

The DIA membership year begins January 1 and ends December 31. Dues are \$40 per calendar year.

I would like to pay: \$40 for 1 year or \$75 for 2 years

Please indicate method of payment: Check Visa MasterCard

NOTE: *There will be an additional \$35 fee if your check is returned for NSF.*

I agree to abide by all standards of the Association as set forth in the by-laws or other regulations.

DATE _____ SIGNATURE _____

Complete this section only if you are using Visa or MasterCard:

NAME AS IT APPEARS ON CARD _____

CARD NUMBER _____ EXPIRATION DATE _____ CVC _____

ADDRESS & ZIP CODE ASSOCIATED WITH ACCOUNT _____

(IF DIFFERENT FROM ABOVE)

AMOUNT AUTHORIZED _____ SIGNATURE _____

Please mail your completed application and payment to the address above.