

DIA MEMBERSHIP APPLICATION FOR 2008

Send application and \$40 payment to:
Defense Investigators Association
P.O. Box 2249, San Rafael Ca. 94912-2249

NAME: _____

I am a renewing member, and my information has not changed.

POSITION: _____

Investigator (check only if you are a full-time investigator employed by a Public Defender or Federal Public Defender Office within the state of California)

contract investigator investigator trainee other

private investigator paralegal

investigative assistant interviewer

OFFICE: _____

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? _____

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

DATE: _____

SIGNATURE: _____

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

Please indicate method of payment: Check Visa MasterCard Amex

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

Complete this section only if you are paying by Credit Card:

NAME AS IT APPEARS ON CARD: _____

CARD NUMBER: _____ EXPIRATION: _____

AMOUNT AUTHORIZED: \$ _____

SIGNATURE _____