



APPLICATION FOR MEMBERSHIP

WELCOME TO OALI

The Oregon Association of Licensed Investigators, Inc., O.A.L.I., is the State of Oregon's oldest and largest investigation organization. OALI is chartered by the State of Oregon as a Domestic Non-profit Corporation.

The OALI membership consists of investigative professionals and associates whose mandate, since 1983, has been to promote a standard of excellence among individual investigators, enhance public confidence in the profession, provide training and represent the industry in public and political forums.

MEMBERSHIP

Active Member	\$75.00 per year
Associate Member	\$70.00 per year
Retired Member	\$20.00 per year
Honorary Member	Membership Fee Waived

All memberships are on an annual basis, depending on the month of the first billing.

MEMBERSHIP APPLICATION:

1. Please answer all questions on the membership application completely.
2. You must submit proof of your Oregon Investigator License. A photocopy of your DPSST identification card must accompany this application. Non-Licensed applicants (those exempt by law) and/or out of state applicants must submit proof of your profession i.e. business card, letterhead, city/county licenses.
3. Sign the application in ink.
4. Forward the Application and dues to:
OALI Membership Services
P.O. Box 2705
Portland OR 97208

Applications paid by credit card may be FAXED to: 503-914-1685. Be sure to include all required items.

IF YOU HAVE NOT BEEN AN OREGON RESIDENT FOR AT LEAST TEN YEARS, YOU MUST PROVIDE ALL OUT OF STATE RESIDENCY INFORMATION.

PRIVACY STATEMENT

All personal information contained in this application will be held in strict confidence. Information will be used only in connection with your application or membership with this association and for no other purposes whatsoever. Personal information will not be released to any other person, firm, agency, or organization without your express written permission. Information requested on the Membership Application in bold letters and underlined indicates the data will be used in the Membership Directory, included on the web site, and used by our Referral Service.

If your application is approved and you become a member, you will be included in the Membership Directory and on the web site database. The information listed below will be published in the Membership Directory, used on the web site, and used by the Referral Service.

Personal

- Name _____
- Nickname _____

Bill to Address Information

- Organization or Company Name _____
- Organization or Company Title _____
- Organization or Company Line 1 _____
- Organization or Company Line 2 _____
- Organization or Company Address Line 1 _____
- Organization or Company Address Line 2 _____
- Organization or Company City, State, Zip _____
- Organization or Company County _____
- Website Address _____

Phones & Contact

- Business Phone & Extension _____
- Fax Number _____
- Alternate Phone Number _____
- E-Mail Address _____

Membership

- Date Joined _____

Licensing

- License Number _____
- State of Issue (Unless exempt) _____

General

- Paragraph from Member for Directory _____

Referrals (If you elect to participate)

- Who you will accept referrals from _____
- Where you will accept work (geographically) _____
- Specialties _____



OALI MEMBERSHIP APPLICATION

Business

Bill To Address (published information): Invoices and statements will be sent to this address. This information will be published in the Membership Directory and /or on the Web Site.

Organization/Business Name					
Organization/Business Title				(President, Vice-President, Partner, etc)	
Organization/Business Line 1					
Organization/Business Line 2					
Organization/Business Address Line 1					
Organization/Business Address Line 2					
Organization/Business City				State	Zip
County where business is located					
Web site address					

Ship To Address (unpublished information): All announcements, handbooks and videotape orders will be sent to this address.

Check here if all the information is the same as the Bill To Address. If checked, this section can remain blank:

Organization/Name, Ship To Line 1					
Organization/Name, Ship To Line 2					
Organization/Business Mailing Address Line 1					
Organization /Business Mailing Address Line 2					

Phones & Contact

Home		Business		Business Extension	
Fax		Cell/Mobile		Alternate Phone	
E-Mail Address					
Web Site Address					

Licensing

Investigator License Number		State of Issue	
Investigator License Type			(PI, Provisional, Exempt)

Note: If you are exempt from ORS. 703-401 (Investigators), pursuant to ORS. 703-411 (Exceptions), please cite the appropriate exception (1-16) with an explanation: _____

General

1. Have you lived in Oregon exclusively during the past ten years? **Yes No**

If you answered no, list the states/countries you have lived in during that time:

2. How many years experience do you have conducting investigations? _____ years, _____ months.

3. Please check all of the applicable categories regarding your current status:

_____ Self-employed, independent contractor.

_____ Employee of investigative firm, name of firm: _____

_____ Law Enforcement Officer, Agency: _____

_____ Insurance claims adjuster, name of company: _____

_____ State of government agency, specify: _____

_____ Other, specify: _____

4. Have you ever been convicted of a crime OR have you ever been a defendant in a civil action since you received your license or became an investigator? (Circle one) **Yes No** If you answered yes, please indicate state and disposition:

5. Are there criminal actions pending? (Check one) **Yes No** If you answered yes, please indicate state and court:

6. Are you licensed as an investigator in any other state or have you ever been licensed in another state? (Circle one) **Yes No**

If yes, please indicate which state: _____

7. Please circle the committees and activities in which you are interested in participating.

Seminar Planning

Constitution/By-laws

OALI Certification

Directory

Membership

Ethics

Legislative

Newsletter

Publicity

Education

Other

8. How did you learn about OALI?

OALI Member

Oregon Board of Investigators

Brochure

Regional Meeting

Membership Flyer

E-Mail

Other

9. (OPTIONAL) Please include an introduction paragraph about yourself, organization or business that will be used as an announcement to our membership and placed in the Membership directory. Please include any services you provide in addition to investigations.

Benefits

1. Participation in the OALI Referral Program. I wish to participate in the OALI Referral Program (Circle one) Yes No If no, please go to #2 below; if yes, please answer the following: I will accept referrals from: (Circle those that apply)

Anyone Attorneys Businesses Government
Insurance Co's Investigators

Other, please list: _____

2. I am available to work in the following regions: (Circle those that apply)

All States Anywhere the Oregon Eastern Oregon
 law allows
Oregon Coast Southern Willamette Greater Portland
 Oregon Valley
Vancouver Area Washington Idaho California

Certification

The facts set forth in this application are true and complete. I understand if my application is accepted, any and all false statements I made on this application is sufficient cause for denial or termination of membership. This is a non refundable application for membership in a professional organization only and there are no offers of employment or other financial benefits, expressed or implied in membership. This is an application only and does not constitute membership until approved by the Board of Directors or their designee. Applications that are denied will be notified in writing as to the reason(s). Dishonesty or deception, in whole or in part, of any information on this application may be cause for denial of membership. Your signature for application constitutes permission for the OALI Board of Directors, or their designee, to conduct a background investigation, including but not limited to criminal history check, licensing agency confirmation, license disciplinary actions, residency, and public or private complaints regarding ethical conduct related to the private investigative profession. Financial/Credit histories protected under FCRA regulations are excluded.

I pledge to support the Constitution, By-laws and Code of Ethics of the Oregon Association of Licenses Investigators, Inc.

Signature: _____ Date: _____

Printed Name: _____

I am applying for the following Membership Type:
 Active Member \$75.00 per year
 Associate Member \$70.00 per year
 Retired Member \$20.00 per year
 Honorary Member Fee Waived
I have enclosed a check for \$ _____
For your convenience, pay by credit card.
Card Type: Visa MasterCard American Express
Exact Name on Card: _____
Expiration Date: Month _____ Year _____
Signature: _____ Date: _____



Member Specialties

Place a check in front of each specialty you would like displayed in the Membership Directory. (Even if you are not participating in our Referral Program, listing your specialties is important in case one of our members would like to take advantage of your expertise).

Accident Investigation

Accident

Reconstruction

Admiralty & Marine

Adoption Investigations

Arson Investigation

Asset Recovery

Aviation Investigation

Background
Investigation

Canine Services

Child Abuse/Custodial

Civil Rights

Collection Judgments

Computer Searches

Corporate

Counter Surveillance

Crime Scene

Reconstruction

Criminal Defense

Death Claim

Investigation

Discrimination

DNA Collection
Services

Document Examiner

Domestic Matters

Elder Abuse

Electronic
Countermeasure

E-Mail Tracing

Environment/Haz
Materials

Financial/Asset

Fingerprint Expert

Fire Cause and Origin

Firearms

Fraud

General Investigation

Immigration

Industrial Accident

Insurance

Investigations

Internet Profiling

Judgment Recovery

Juvenile

Legal

Livestock Theft

Medical Research

Missing Persons

Notary

Personal Injury

Photography

Polygraph Examiner

Post Conviction Relief

Process Service

Product Liability

Public Records

Railroad

Repossessions

Sexual Harassment

Skip Tracing

Staff Investigator

Surveillance

Undercover Operations

White Collar Crime

Workers

Compensation

Wrongful Death