

MCPI NEW MEMBERSHIP APPLICATION

MICHIGAN COUNCIL OF PROFESSIONAL INVESTIGATORS

235 N. PINE STREET, LANSING, MI 48933



I hereby apply for membership in the MCPI, Inc. I understand that failure to legibly answer any of the following questions may result in delay and/or denial of my application. I have enclosed my first year's dues based on the categories below, plus the one time \$15 non-refundable application processing fee.

TYPE OF MEMBERSHIP:

ACTIVE \$140.00
(\$125/year plus \$15 non-refundable application fee)
You must be the individual license holder.
Voice and Voting privileges.

ASSOCIATE \$115.00
(\$100/year plus \$15 non-refundable application fee)
You must be an employee/partner/officer of a license holder. Voice privileges only.

AFFILIATE \$115.00
(\$100/year plus \$15 non-refundable application fee)
Employed by either a Governmental entity, a law firm, or an insurance firm as a Special Investigative Unit, or a similar position with a corporate or other business related entity. Voice privileges only.

STUDENT \$25.00
Must be a student enrolled in a degree program that is related to the investigative industry at an accredited University, or Community College. Voice privileges only.

SERVICE \$200.00
Entitles you to perform vendor services at MCPI events as defined by the Board. Voice privileges only.

PLEASE PRINT CLEARLY

Applicant Name

Agency Name (as it appears on license)

Name of License Holder

Mailing Address

City State Zip

License Number Expiration

Office Phone

Office Fax

Cell Phone

E-Mail Address

Website Address

**For proper referral credit; please list name of the MCPI member who referred you.
(Referral not required for membership)**

PLEASE LIST TWO BUSINESS REFERENCES THAT WE MAY CONTACT:

Name (Non-Client) Phone

Name (Non-Client) Phone

I hereby make application for membership in the MCPI and verify that the information provided on this application is correct. I agree to furnish the MCPI Board of Directors all information relative to any claim or action filed against me. I authorize representatives of the MCPI to make a thorough review of my application and specifically authorize any person, company, organization, or other entity to release to the MCPI any and all types of information relevant to my company or me. I understand that unless otherwise indicated, the information on this application will be available for publication in MCPI related publications. I understand that submitting false information on this application may result in revocation of my membership. I fully and completely hold harmless and release from liability all parties involved in the review, gathering and release of the information connected with this application. I agree to waive all legal remedies if my application is rejected. I further agree that as an MCPI member, to abide by the published bylaws and Code of Ethics of the MCPI, and to promote the objectives of MCPI.

Signature

Date

800.266.6274 Fax 517.372.1501 Website: www.mcpihome.com

PLEASE MAKE CHECKS PAYABLE TO MICHIGAN COUNCIL OF PROFESSIONAL INVESTIGATORS

Visa MasterCard

Credit Card # _____ Exp. _____

Signature _____

Ltr/cert__ Web__ LS__

Approved _____