



# Maine Licensed Private Investigators Association

## Membership Application

**OFFICE USE ONLY**

**Name:**

*Personal information is for office use only. This information will not be reprinted in/ on the MLPIA web site or the membership directory.*

Dues Received:

**Home Address:**

Amount Paid:

**City/ State/ Zip:**

Date Paid:

**Phone:**

Check #:

**Home Fax:**

**E-Mail Address:**

ListServ Add

**P.I. License #:**

**State**

**Exp:**

President's Letter

**License Holder:**

Newsletter

*Business information will be shared on the MLPIA web site, listserv, and membership directory.*

Web Site Listing

**Agency Name:**

**\$100.00 Full Voting Member (Maine licensee)**

**Business Address:**

**City/ State/ Zip:**

**Business Phone:**

**Business FAX:**

**E-Mail Address:**

**Web Site Address:**

*Payable to: MLPIA*

*Mail To: MLPIA  
Membership Secretary  
PO Box 1645  
Portland, ME 04104-1645*

**Has your license in this or any other state ever been suspended or revoked?**

**YES      NO      *If yes, use reverse side for explanation***

**MLPIA Member referred by:**

*Affidavit/Waiver I, the undersigned, do hereby certify that I am licensed as a professional investigator in the State of Maine and that I agree to comply with all applicable federal and state laws pertaining to the scope of my business. I understand that maintaining a valid private investigators license is a prerequisite to both my admission as a full member of the Maine Licensed Private Investigators Association (MLPIA) and in continuing my membership in the organization. I give my full consent and authorization to MLPIA, its Officers and their Agents to inquire into my reputation, character and fitness for membership. I understand that submitting false information, either as part of this application process or during any subsequent investigation will result in either the rescission or revocation of my membership. I hereby agree to release and hold harmless the above named organization, its officers, members and agents from all liability, claims, injuries (implied or actual) in matters emanating from any such investigation. I further agree that if my membership is rescinded or revoked for any reason, I will accept the decision WILLINGLY AND KNOWINGLY, and expressly waive any right to dispute that decision and agree to waive any right to take any action, legal or otherwise, against the MLPIA, its Officers, Directors, Members or Agents. Furthermore, I agree to abide by the Bylaws and Code of Ethics of the MLPIA and understand that a violation could result in the suspension or revocation of my membership.*

**Applicant's Signature:**

**Licensee Signature (if different):**

**References:**

**Name:**

**Address:**

**Contact Number & Email:**

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Please include a copy of your PI license, the declaration page of your insurance policy and check with this application.

*Associate Membership Applicants do not need to be a Licensed Private Investigator in Maine.*

STATE OF MAINE

\_\_\_\_\_, ss.  
(county)

I hereby swear that the information provided in/with this application is true.

\_\_\_\_\_  
Signature of Applicant

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ personally appeared the above-named applicant and made oath that the statements and answers contained in this application, whether in writing or in print, are true.

Before me,

\_\_\_\_\_  
Notary Public