



**ASSOCIATION of CERTIFIED BACKGROUND INVESTIGATORS
APPLICATION for MEMBERSHIP
P.O. Box 80413
Staten Island, NY 10308**

Last Name: _____ First Name: _____ Middle: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Fax #: _____

E-Mail Address: _____

Retired From: Federal Law Enforcement State/Local Law Enforcement Civilian

Name of Agency: _____ Title: _____ Yrs: _____

If active, civilian or other, explain: _____

List Current Contract Companies/Agencies You Currently Hold Valid Credentials With: (Top 3)

Agency: _____ Contract: _____

Agency: _____ Contract: _____

Agency: _____ Contract: _____

I have personally completed the above application for membership accurately and to the best of my knowledge. I further acknowledge that any false statements or material misrepresentation will result in the Association declining my application or terminating my membership after its approval. I further understand that my contact information will appear in a "members only" directory to allow members to network, share ideas and information. I further agree to abide by the By-Laws of the Association. Membership is for a calendar year. Applications received after October 1 will receive credit for the following year.

Annual Dues for ACBI are \$50.00. I would like _____ ACBI Lapel Pins @ \$5.00 ea. 2/\$8.00.

Check One: Regular Member Associate Member Corporate Member

I have included payment for my annual dues, and any pins. Make checks or money orders payable to ACBI. Applications should be mailed to the address above. I acknowledge that if my application is not accepted for any reason, \$40.00 of my initial dues will be returned and \$10.00 retained for administrative processing. Applications received in the last quarter of the year receive credit for the next year.

Name: _____ Date: _____

Signature of Applicant: _____

Approved by Secretary: _____

Printed

Signature

Rev. 5-8-10