



# LICENSED PRIVATE DETECTIVES ASSOCIATION OF MASSACHUSETTS, INC.

200F Main Street – Suite 303

Stoneham, MA 02180

Phone: 800.955.6274

www.lpdam.org

## MEMBERSHIP APPLICATION

### TYPE OF MEMBERSHIP

Regular (licensed in Massachusetts)  Associate (employee or out-of-state licensee)  Resource- Corporate

**\*\*Attach a paragraph describing yourself, your work history, your investigative specialties, and years of experience. A resume may also be attached.**

NAME: \_\_\_\_\_

D.O.B: \_\_\_\_\_

PI License Number # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

Position with Agency \_\_\_\_\_

Licensed Holder \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ COUNTY \_\_\_\_\_

Business Telephone \_\_\_\_\_ Business Fax: \_\_\_\_\_

EMAIL Address \_\_\_\_\_ Web Page Address \_\_\_\_\_

Areas of Expertise \_\_\_\_\_

\*Mailing Address if different \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Home Fax Number \_\_\_\_\_

I, the undersigned, do hereby agree to abide by the Bylaws and Code of Ethics of LPDAM, MGL Ch.147, S. 22-30 as well as any State/Local laws which may apply and understand that any violation could result in suspension or revocation of my membership. I agree to notify LPDAM immediately of any convictions for criminal offences regardless of nature. 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 I further agree that if my membership is rescinded or revoked for any reason, I will accept the decision and expressly waive any right to dispute that decision and agree to waive any right to take any action, legal or otherwise, against the Association as a whole, its officers, members, or agents. Should any of the above information change, I will immediately so notify the Membership Committee of this association at the above address. Employees of Regular active members must be sponsored by their license holding employer.

**Attach the APPLICATION FEE of \$25.00 for all memberships, plus current DUES of \$125.00 for Regular and Resource memberships, \$65.00 for Associate members all payable to LPDAM.**

**Please include with this application a copy of your current PI license, marked C-O-P-Y.**

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Licensee (if different) \_\_\_\_\_

How were you referred to LPDAM? \_\_\_\_\_