

PROFESSIONAL INVESTIGATORS ALLIANCE OF MARYLAND

Post Office Box # 0776, Waldorf, MD 20604-0776

Dear Prospective Member,

This is your personal invitation to *Join the Elite Association of Maryland Investigators*. In a move to better serve the private investigative industry the Professional Investigators Alliance of Maryland was formed in 1994 to specifically serve the Maryland certified and professional investigators. Since 1994, PIAM has been representing Maryland Private Investigators in the Maryland Legislation. We have proposed new laws; some that were passed that have benefited our profession. We have also opposed legislation that would have had an adverse effect on our businesses. In the forming of PIAM also came our newsletter, *The Informant*, which is distributed monthly to our members and other state associations across the nation. Thru *The Informant* we try to keep our members, who can't attend our monthly meeting, informed of our activities as well as information on local and national laws that could effect our businesses. We hope you join PIAM and get involved. Please take a few minutes and fill out the attached application and send it to us.

Lloyd W. Davis
Chairman, Membership Committee
Lloyd@dda-gotcha.com



MEMBERSHIP APPLICATION

ACTIVE ASSOCIATE AFFILIATE STUDENT

I hereby apply for membership in the Professional Investigators Alliance of Maryland. I hereby authorize representatives of PIAM to make a thorough investigation of my application. I understand that submitting false information on this application will result in revocation of my membership. I agree to abide by the bylaws, and code of Ethics of this Alliance.

NAME: _____
 First **Middle** **Last** **Social Security #** **Date of Birth**

BUSINESS ADDRESS: _____
 # **Street or P.O. Box** **City** **County** **State** **Zip**

BUSINESS NAME: _____

BUSINESS PHONE #: _____ FAX PHONE: _____ EMAIL: _____

P.I. LICENSE #: _____ DATE ISSUED: _____ DATE EXPIRES: _____ JURISDICTION: _____

(A photocopy of both sides of your wallet P I Identification Card must be submitted with this application)

Applicant's Signature

Date of Application

Enclose a check in the amount of \$ 100.00 for the first year membership.