



# World Investigators Network, Inc.

An Elite Association of Investigators & Security Professionals

## Application For Membership

Please read carefully. **Type or print** all answers in full. Return application to: Executive Director, 7501 Sparrows Point Blvd., Baltimore, MD 21219 (USA). Dues in the amount of \$125 US dollars must be paid at the time of application. Accepted methods of Payment are; Credit Card, Check, Money order or bank draft (payable in US dollars and drawn on a US or corresponding bank) for US\$125. In the event the applicant is not approved, the annual dues of \$125. will be refunded to the applicant. An entrance fee in the amount of \$50 is required for reference and background check. Application cannot be processed unless all questions are answered in full and fees are paid.

### Personal Information:

1. Full name of applicant \_\_\_\_\_  
first middle last name (surname)
2. Full international address of legal residence \_\_\_\_\_  
Postal Code (Zip) \_\_\_\_\_
3. Residence telephone number \_\_\_\_\_ 4. Marital Status \_\_\_\_\_ 5. Spouse \_\_\_\_\_
6. Birthplace \_\_\_\_\_ 7. Citizenship \_\_\_\_\_
8. Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_  
Month Day Year

### Company Information

1. Company or Agency Name \_\_\_\_\_
  2. Full International business address \_\_\_\_\_  
Postal or zip code \_\_\_\_\_
  3. Business Telephone \_\_\_\_\_ Business Fax # \_\_\_\_\_  
Country code/City or area code/ Number Country code / City or area code/Number
  4. E-mail \_\_\_\_\_ Web site \_\_\_\_\_
  5. If co-partnership, limited firm or corporation, list names of partners or company directors:  
co-partner(s) Officers Title  
\_\_\_\_\_  
\_\_\_\_\_
  6. Date Agency Established \_\_\_\_\_ 7. Date of hire with above business \_\_\_\_\_ 8. How long in Profession \_\_\_\_\_
  9. Is the Agency subject to licensing regulations? \_\_\_\_\_ 9a. If yes, list full name & address of licensing authority below.  
\_\_\_\_\_
  - 9b. License number \_\_\_\_\_ 9c. Date Issued \_\_\_\_\_ 9d. Expiration Date \_\_\_\_\_
- Please enclose a photocopy of your license if applicable**
10. Is the Agency license under suspension now, or has it ever been? \_\_\_\_\_
  11. Have you ever been convicted in any criminal proceeding? \_\_\_\_\_ If yes to either 10 or 11 explain on separate sheet
  12. Are you bonded? \_\_\_\_\_ 13. Insured? \_\_\_\_\_ **If yes to either, Please return photocopy of binder page.**
  14. Type of work handled, list in order of speciality. **Limit list to 20 Codes. (See list of W.I.N. Specialty Codes)**  
\_\_\_\_\_

15. Do you have a full-time office? \_\_\_\_\_ 15b. Do you have branch offices? \_\_\_\_\_ If yes to 15b, list address, phones, fax etc.  
If more space is needed use a separate sheet.

Branch 1 \_\_\_\_\_

Branch 2 \_\_\_\_\_

Branch 3 \_\_\_\_\_

16. List professional organizations or associations in which you now hold membership.  
\_\_\_\_\_

17. If accepted into membership, do you agree to abide by the by-laws and code of ethics of World Investigators Network?  
\_\_\_\_\_

**REFERENCES:** List 3 business references one of which can be your financial institution or bank. (Please list complete mailing address and phone numbers.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**If you wish World Investigators Network, Inc. laminated ID card, please include 2 passport size photos and one will be mailed to you. Yes I want an ID card and I enclose 2 photos**

(Must be signed)

**AFFIDAVIT/WAIVER/AGREEMENT**

I do hereby swear or affirm that I am not, nor have I ever been, engaged or affiliated with subversive activity directed against the government of my country or any other free world country. I certify that all entries contained herein are true, complete and correct to the best of my knowledge and are made in good faith. I also give my full consent to World Investigators Network, Inc. its Officers or their agents to investigate this application and inquire into my reputation, character and fitness for membership. I hereby release the above named organization, its officers, members and/or agents from all liability, claims, injuries (implied or actual) in matters emanating from such investigation. **I further agree that if my membership is not approved for any reason, I will accept the decision and take no action, legal or otherwise, against the Association as a whole, its officers, directors, members or agents. If my membership is approved and I enter into exchange work with another member, I will pay promptly any agreed upon fees associated with that work and acknowledge failure to do so will result in termination of my membership without recourse, legal or otherwise, against the Association as a whole, its officers, directors, members or agents.**

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

**Applicant Invited/proposed By** \_\_\_\_\_

Please charge the dues and application fee to my credit card. Amount to be charged \_\_\_\_\_

**Credit Card Number:**        -     -     -

**Name on Card:** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

VISA     MASTER CARD     AMERICAN EXPRESS

**For Office use Only**

References Checked \_\_\_\_\_ License Verified or copy attached \_\_\_\_\_

Insurance or Bonding Verified \_\_\_\_\_ Approval Date \_\_\_\_\_ Approved by \_\_\_\_\_

Area Governor \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_