



International Academy of Investigative Professionals Application for Membership

Application Instructions

Please complete this membership application form in its entirety and then forward it with your dues payment. Incomplete membership applications will not be processed. The dues payment options are located below the signature block at the end of this application. All information included in this application, excluding your name, is exclusively for use by the International Academy of Investigative Professionals (IAIP) and will not be released to anyone or any organization outside of IAIP. We consider your name a non-public record and it will only be listed inside the secure, members-only web portal along with your other contact information and as a part of the IAIP membership directory. This may be valuable for members who want to be able to refer business back and forth with other IAIP members as well as to facilitate member-to-member professional collaboration. Please check the appropriate yes or no box to indicate if you would or would not like access to IAIP's secure, members-only web portal. Once your application is approved, a membership kit will be forwarded to you. Membership begins the month of approval and will be valid for 12 months before your membership renewal for the next year is due. When this application has been completed, please print, sign, and then mail it with the full payment.

Access to the Members Only CyberCop Portal

The CyberCop Portal is provided by IAIP to its members free of charge. CyberCop does not require VPN software and is entirely Web-based. This SSL-based, secure communications environment allows IAIP members to easily and securely communicate with each other, share documents, and receive communications from IAIP. Every CyberCop member will have access to a set of core tools that were designed for robust functionality, an intuitive interface and the capability to compartmentalize data by individual users, organizations or customized groups. These benefits include, secure messaging, a highly-robust compartmented library, a user search, online briefing access, an events calendar, forum discussions and chat rooms, and an alerting feature. For more information, please review the CyberCop Complete Portal User Guide located in the library section of the IAIP website.

Application Type

New IAIP Membership (\$55.00 USD)

Renewal IAIP Membership (\$45.00 USD)

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Home Phone: _____

Mobile / Cell Phone: _____ Fax: _____

E-mail Address: _____ Website: _____

Company Information (if applicable)

Company Name: _____

Title or Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Office Phone: _____

Mobile / Cell Phone: _____ Fax: _____

E-mail Address: _____ Website: _____

Send correspondence to Work Home

Professional Certifications

List all professional licenses and certifications: _____

Education

College or University Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Highest Degree Earned: _____

Date Degree Conferred: _____

Members Only CyberCop Portal

YES I would like to take advantage of having access to the secure, IAIP members-only CyberCop portal. I understand my name will be listed inside this secure portal as a part of the members-only secure messaging feature.

NO I do not wish to take advantage of having access to the secure, IAIP members-only CyberCop portal. I understand I may not have access to certain members-only educational events but that I can acquire access to this portal at any time in the future as long as I am an IAIP member in good standing.

Applicant Affirmation and Signature

I, (print your name on the following line) _____ if accepted as a member of the International Academy of Investigative Professionals (IAIP), do hereby agree to abide by the provisions of the constitution, bylaws, and the code of ethics of the IAIP that may exist now, or that may be amended or adopted in the future by IAIP. I give my full consent to IAIP and its authorized agents to investigate and inquire into my character and reputation for the purposes of ascertaining desirability for membership in IAIP. I understand that IAIP may, at its sole discretion, deny my application for membership. I agree to hold harmless, IAIP as well as its officers, agents, directors, employees and designees, from any costs or liabilities which may incur as a result of inquiring into my personal background, reputation or denial for membership in IAIP.

Applicant's Signature: _____

Date: _____

Payment Information

Please include a check or complete the credit card information. Applications will not be processed without full payment submitted with the applications. Should an application fail to be approved, full payment will be returned to the applicant.

Please Check One:

Paid via PayPal (E-mail your completed application as an attachment to membership@iaip.org or send via facsimile at (515) 277-7275. IAIP's PayPal user name is executivedirector@iaip.org).

Check Enclosed.

Visa or MasterCard (please **circle** which credit card is used).

Credit Card Number: _____

Expiration Date: _____ Security Code (3 or 4 digits): _____

Name on Card: _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____

Mailing Address:

The International Academy of Investigative Professionals
P.O. Box 42363
Urbandale, IA 50323 USA

For IAIP Internal Use Only

Date Received: _____ Is Application Complete? Yes No

Action Taken: Approved Disapproved Pending / On Hold

By: _____ Action Date: _____

Notes: _____