



## WORLD ASSOCIATION OF DETECTIVES, INC. APPLICATION FOR MEMBERSHIP

Proposed by W.A.D. Member: \_\_\_\_\_

**Mail completed application to:** WORLD ASSOCIATION OF DETECTIVES, INC., VAL VAIL-SHIREY, EXECUTIVE DIRECTOR, 235 NORTH PINE STREET, LANSING, MI 48933, USA. E-mail: [wad@wad.net](mailto:wad@wad.net) Tel: +1-517-482-1200 Fax: +1-517-372-1501.

**The official language of the Association shall be English** (By-laws, Article III, Section 2, a.) The official language of the Association is English; therefore, at least one person of each member's office should be fluent in the English language.

### **APPLICATIONS FOR MEMBERSHIP MUST BE SUBMITTED IN ENGLISH.**

An applicant for Active membership shall be an individual who is a Principal or the Manager or Branch Manager of an agency, firm, or corporation, which has been in operation for one (1) year, legally qualified to practice the profession of Private Investigator or Security Service, and has been employed as such for a period of three (3) years, unless decided otherwise by the Executive Committee, and licensed where required and be a legal representative. Combined experience from more than one agency, firm or corporation shall apply. An applicant who is not a Principal must submit, in English, a letter of authorization from the President of the Company, on company letterhead, verifying their stated position. The Board of Directors shall also consider applications from persons in countries where three (3) years of business experience was not possible.

**The following must be provided or explanation given as to why it is not. Incomplete applications will not be considered.**

- One (1) recent passport type photo (digitalized are preferable). **Note:** Names & photographs of applicants are usually printed in the W.A.D. NEWS. If you do not wish your photograph to appear in our Newsletter and/or on our Website please inform us.
- Money order, bank draft or check (payable in U.S. dollars and drawn on a U.S. bank) in the amount of \$210 (this includes the application fee of \$50, which is non refundable, and annual dues of \$160).
- A copy of your certificate of insurance and bond, where applicable or required, **together with an English translation.**
- A copy of your license certificate, where applicable or required, **together with an English translation.**
- A one-page letter of introduction, **in English**, on your company letterhead, stating the nature of your business and expertise. Full contact details of new members will later be published in our Newsletter.
- List the languages spoken by you or your office staff.
- A letter from your company, **in English**, authorizing you to act in the capacity of Director, General Manager or Manager if you are not the owner.

1. Last Name of applicant: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Names: \_\_\_\_\_

2. Full international address of legal residence: \_\_\_\_\_

3. Residence telephone number: Country Code: \_\_\_\_\_ City or Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

4. Birthplace: \_\_\_\_\_ 5. Marital Status: \_\_\_\_\_ 5a. Spouse's Name: \_\_\_\_\_

6. Date of Birth (spell month): \_\_\_\_\_ 7. Nationality: \_\_\_\_\_

8. Your agency name: \_\_\_\_\_

9. **Full international business address:** \_\_\_\_\_

10. Business telephone (Country Code): \_\_\_\_\_ City or Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

FAX number (Country Code): \_\_\_\_\_ City or Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Web Site: \_\_\_\_\_

11. Your position with agency: \_\_\_\_\_ 11a. Do you have financial control of the Agency/Company? **YES/NO**

12. Time in position: \_\_\_\_\_ 13. Date agency established: \_\_\_\_\_ 14. Date you entered above agency: \_\_\_\_\_

15. Prior related experience including employer, position, duties (**must be included in the letter of introduction**)

**Please turn over for Page 2**

16. Is agency subject to licensing regulations? **YES NOT REQUIRED IN STATE NOT REQUIRED IN COUNTRY**  
**(circle whichever is applicable) (If YES, include copy license)**
17. Have you ever been convicted in any criminal proceeding? **YES/NO** (If yes, explain on a separate sheet of paper where, why and when.)
18. Are you bonded? **YES / NOT REQUIRED (If yes, include a copy of the bond.)**
19. Type of work handled (choose up to 10 from the attached list of codes): \_\_\_\_\_
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20. Do you maintain a full-time office? **YES/NO**      21. Do you maintain branch office(s)? **YES/NO**  
 21a. If yes, list branch offices on a separate sheet of paper.
22. Are you connected in any way, directly or indirectly, with any other business profession? **YES/NO**  
 If yes, please explain: \_\_\_\_\_
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23. Do you hold a degree on a college or university level? **YES/NO** (If yes, include documents; certificate, diploma, etc.)
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24. List professional organizations in which you now hold membership: \_\_\_\_\_
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25. List social, civic, fraternal, service, or military organizations in which you now hold membership:
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26. Please provide names and contact details of referees who belong to W.A.D. or other recognized professional security/investigative organizations.
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27. Please list all the languages spoken by you or your staff.
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**WAIVER**

I give full consent to the World Association of Detectives, Inc., (W.A.D.) its Officers, Members, and/or their Agents, to verify and inquire into my reputation, character, credit and/or standing for membership in the W.A.D. I hereby release, indemnify and hold harmless the above named organization, its Officers, Members, and/or Agents from all liability, claims, (implied or actual) in matters emanating from said review and/or investigation.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**CERTIFICATION**

I hereby certify that all entries made by me in this application and the application process are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Furthermore, I do hereby certify that I am a person of good character and good behaviour, and that I will abide by the By-Laws, its Preamble and Code of Ethics of the World Association of Detectives.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date