

California Financial Crimes Investigators Association

Application for Membership

New Renew Life Member Honorary Life Retired

Cal Tax ID #DO380200-CF-4CI Fed Tax ID #23-7348107

Date _____ Division _____ Membership # _____

Last Name _____ First Name _____ Middle Initial _____

Company/Agency _____ Job Title _____

Business Address _____

City _____ State _____ Zip Code _____

Email Address _____ Business Phone _____ Cell No. _____

Mailing Address (if different from above) _____

City _____ State _____ Zip Code _____

I hereby apply for membership in the California Financial crimes Investigators Association and subscribe to its purpose to perfect more efficient processing and suppressing of financial crimes and I agree to abide by the Constitution and Bylaws of the Association and by signing this application shall:

- Demonstrate a commitment to professionalism;
- Not engage in any illegal or unethical conduct or any activity which may constitute a conflict of interest;
- Exercise reasonable care and professionalism with confidential information obtained through the organization and its Members;
- Not engage in any activity that is not in the best interest of the organization and its members.

I HEREBY CERTIFY THAT I QUALIFY FOR MEMBERSHIP UNDER THE FOLLOWING CATEGORY:

Peace officers regularly employed by the Federal Government, the State of California or the counties and municipal sub-divisions of California, whose duties include the identification and prosecution of any and all financial crimes, including, but not limited to, forgery and check fraud offenders.

Special Agents, investigators, or persons in the employ of the State or local governments, or private business and/or industry in the State of California whose duties include the [] identification and prosecution of any and all financial crimes, including, but not limited to, forgery and check fraud offenders.

Any honorably retired member who qualified under either of the above categories at the time of their retirement.

Applicant Signature **X** _____

THE ENDORSEMENT OF TWO CURRENT CFCIA MEMBERS IS REQUIRED FOR NEW MEMBERS

We hereby certify that we personally know this applicant and further certify that their work, assignment, character, willingness and ability to contribute to the objectives of this organization qualify them as a candidate for membership.

RENEWALS REQUIRE APPROVAL OF DIVISION MEMBERSHIP CHAIRPERSON

Member _____ Signature	Member _____ Signature	Approved Division Membership Chairperson _____ Signature
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