

CALIFORNIA BACKGROUND INVESTIGATORS ASSOCIATION
POB 2127 – YORBA LINDA, CA 92885-1327
USPS OR E-MAIL APPLICATION TO
membershipchair@cabackgrounds.org

~MEMBERSHIP APPLICATION -OR- TRANSFER OF MEMBERSHIP~

DUES: \$60 - CALENDAR YEAR: JANUARY 1 - DECEMBER 31

First Name	<input type="text"/>		Last Name	<input type="text"/>	
Agency	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Your Office #	<input type="text"/>	Your Fax #	<input type="text"/>	Your Cell #	<input type="text"/>
Your E-Mail	<input type="text"/>		Rank/Title	<input type="text"/>	
Division	<input type="text"/>	POST ID#	<input type="text"/>	LAST 4 OF SSN	<input type="text"/>

NOTE: APPLICATION INFORMATION WILL BE VERIFIED PRIOR TO ANY APPLICATION BEING ACCEPTED. PLEASE CHECK THE TYPE OF MEMBERSHIP YOU ARE APPLYING FOR:

- Representative Membership:** For those employed full or part-time as active or retired CA sworn peace officers, and who are assigned to perform, administer or directly supervise persons performing pre-employment background investigations for CA state, local, etc. agencies authorized by law to employ peace officers and sworn/civilian personnel.

- Associate Membership:** For past Representative Members in good standing; non-sworn persons employed by a member agency to perform pre-employment background investigations; non-sworn personnel employed to provide essential information for assessing the qualifications of peace officer applicants in a member agency; persons employed to perform pre-employment background investigations for other public section agencies.

- Transfer of Membership ONLY:** A member in good standing may transfer their membership for the remainder of their PAID membership year (Jan. 1 - Dec. 31) to a person that meets either the Representative or Associate membership guidelines AND who is employed by the SAME agency/employer.

"New" Member	<input type="text"/>		Previous Member	<input type="text"/>
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IMPORTANT: If you are a private contractor/investigation company, list the public safety agency(ies) you contract with and provide the contact name/telephone to verify information. This will be done prior to approval of your membership. Also, after application is processed, to access the members section of the website, a user name will be assigned. If you have a preference, please advise. If paying by credit card, will need the cc# and expiration date only, and the email to send the receipt to. If by check, make out to "CBIA".

CREDIT CARD #: _____

EXPIRATION DATE: _____