



Membership Application

Please print the application and mail it to PO Box 108 Concord NH 03302-0108 or fax it to 603-878-1869. Thank you.

Application for Membership

Admission to the New Hampshire League of Investigators (NHLI) is predicated upon the applicant possessing the requirements for membership as stated in the Constitution and By Laws of the organization, and the approval by the Board of Directors, as per section 8 of the By Laws. There are four levels of membership. Please indicate for which of the first two categories you are applying.

A Voting Member is an individual licensed as a private investigator in the State of New Hampshire. Voting Members shall have the right to vote at the Annual Meeting if they are in good standing. No entity with an agency private investigator license may have more than three Voting Members. The holder of the agency license may designate the Voting Members if the holder pays the dues of all three Voting Members. If any question arises about which Members of an entity are Voting Members, the Board of Directors will decide the question and its decision will be final.

An Associate Member is a licensed Private Investigator in another state or holds a New Hampshire employees license under a licensed New Hampshire Private Investigator who is a voting member in good standing of the NHLI. The Associate Member is a non-voting member.

A Life Member is an individual whose activities in support of the NHLI and its objectives have been particularly outstanding over a number of years. Life Members have the privilege of voting at the Annual Meeting and shall not be subject to dues, fees or assessments. Life Members shall be proposed by a majority vote of the Board of Directors and voted on at the Annual Meeting.

An Honorary member is a member who has been voted to be such by Voting Members at the Annual Meeting and shall not be subject to dues, fees or assessments. Honorary Members are non voting members.

No person will be considered for membership without a photocopy of a current New Hampshire Private Detective/Agency License, or license from another state, and a check for annual dues of \$100.00 for Voting Members and \$50.00 for Associate Members, and a signed, witnessed Waiver of Liability, which must be submitted with this application for membership. All new applicants are urged to write in the name of a "sponsor", a current member in good standing whom the applicant knows or has done business with. A "sponsor" can assist the member in understanding the NHLI's structure, resources and requirements. A "sponsor" is not a requirement for membership.

Name: _____

Sponsor: _____ (Recommended, not required)

Address:
Home: _____ Telephone: _____

Business Name: _____

Address:
Business: _____ Telephone: _____

Fax: _____ Cell phone: _____

E-Mail: _____ Website: _____

Correspondence to be sent to Home _____ Business _____

Application for Membership

Biography and License Data:

Please submit a brief resume relating to yourself or corporate entity, whichever is appropriate. Include information that you would like a potential client to know about you and your business including special areas of expertise.

All persons or entities accepted into membership of the NHLI, regardless of membership status, agree to abide by the Constitution and By Laws of the organization. Any materially false, misleading or incomplete answers on the membership application are grounds for rejection of membership. The NHLI is a not-for-profit professional organization and does not discriminate on the basis of race, creed, color, religion, national origin, sex, political affiliation or sexual orientation.

Members shall perform their business and professional lives in accordance with the highest standards of legal and moral conduct, good citizenship and the Code of Ethics of the NHLI.

Waiver of Liability – Required

I hereby swear that all statements contained herein are true statements of fact. I give full consent to the NHLI and / or its officers, members, representatives and / or their agents to inquire and / or investigate this application and to inquire into my reputation, character and fitness of membership in the NHLI.

I hereby release the NHLI, its officers, members, representatives and their agents from all liability, claims, injuries (implied or actual, physical or mental) in matters emanating from such inquiry and / or investigation, including any time this application is rejected and / or found to be false in whole or in part.

I understand the deliberations and final decision of the Board of Directors are confidential.

(Renewals) I understand the NHLI may discontinue my current Membership for a violation of the Code of Ethics or By Laws.

If accepted for membership, I further agree to abide by all current or revised rules, regulations and Code of Ethics at all times.

Full Signature of Applicant: _____ Date: _____

Full Signature of Witness: _____ Date: _____

Witness name and address: _____
(for new applicants only)

Important: in the event the application is not approved the dues payment will be refunded. Applicant agrees and accepts the NHLI is not required to provide any reason(s), written or otherwise for the applicant's rejection and / or denial of membership.