



APPLICATION FOR MEMBERSHIP

The IAIPSIG is a nonprofit professional association whose mission is to preserve and promote integrity, honesty, impartiality and professionalism in the work of IPSIGs, monitors and independent investigators. IAIPSIG is a forum for the exchange ideas by its members as well as a means of providing the public with information about the IPSIG concept and the work of IPSIGs, monitors and independent investigators.

Membership of the IAIPSIG is open to both qualified organizations and qualified individuals. Members must adhere to the principles and standards of conduct set forth in the IAIPSIG Code of Ethics.

A qualified organization is a law firm, accounting firm or private investigative firm that is licensed and qualified to do business and agrees to observe the IAIPSIG's Code of Ethics. A qualified individual is: (a) an attorney, accountant or a private investigator who is licensed or otherwise accredited to work in his or her profession; or (b) a member of another relevant profession who is determined by the IAIPSIG Membership Committee to be qualified; and in either case agrees to observe the IAIPSIG's Code of Ethics.

The basic annual membership fee is \$1,000 for organizations. This entitles the organization to designate three individual officers or employees as members of the IAIPSIG. Additional officers or employees may be designated as members for an additional \$500 per person, or \$1,000 for three or multiples of three persons. Individual officers and employees who are nominated for membership of the IAIPSIG must fulfill the criteria for individual membership. The basic annual fee for individuals is \$500.

There is no application fee. Please include your membership fee with this application by check payable to IAIPSIG. It will be returned to you if your application is unsuccessful.

Certifications to perform the functions of an Independent Private Sector Inspector General are issued by government agencies or private entities and in their sole discretion. Membership in the IAIPSIG is not a certification or license to perform IPSIG work.

A. Name and principal address of organization or individual

Name: _____

Address: _____

City _____ State _____ Zip _____

B. Phone, fax and E-Mail address

Phone () _____

Fax () _____

E-Mail _____

C. If the applicant is an organization, are there other locations?

If so, please attach a list of all locations, both in and outside the United States, including telephone and fax numbers and E-Mail addresses.

D. Nature of business

E. **ORGANIZATIONAL APPLICANTS ONLY:** Names of up to three individual officers or employees of the firm to be designated as members of the IAIPSIG. Include qualifications and/or accreditations and current memberships in other professional associations.

Please nominate a contact person and indicate below.

Name and Title in Organization	Qualifications and/or Accreditations	Current Professional Associations
1. _____ _____	_____ _____	_____ _____
2. _____ _____	_____ _____	_____ _____
3. _____ _____	_____ _____	_____ _____

Contact person:

Please include with this application:

- (1) a firm brochure or resume, and resumes of the individuals to be designated as members;
- (2) Evidence of qualification or accreditation, such as a license or certificate of good standing.

Please photocopy this page for additional firm officer/s or employee/s to be designated as members of the IAIPSIG.

F. **INDIVIDUAL APPLICANTS ONLY:** State qualifications and/or accreditations and current memberships in other professional associations.

Qualifications and/or Accreditations	Current Professional Associations
_____	_____
_____	_____
_____	_____

Please attach individual resumes and evidence of qualification or accreditation, such as a license or certificate of good standing.

G. Area/s of specialization (optional). You may attach any additional information you wish, such as information concerning your experience, expertise, qualifications or features of your organization to be kept on file with the IAIPSIG.

H. During the past ten years, have there been any findings, in any criminal, civil or administrative forum, of misconduct by the applicant, or (if the applicant is an organization) by any of its officers and employees to be designated as members of the IAIPSIG, that might tend to impair, or give the appearance of impairing, the ability of the applicant to perform the functions of an IPSIG in accordance with the IAIPSIG Code of Ethics? Are any such charges or accusations currently pending?

Yes/No

If Yes, please attach a statement. (The IAIPSIG Board of Directors will determine the applicant's eligibility for membership.)

Signed: _____ Dated: _____ 1996

Name of signatory (Please include title and company name
if the applicant is an organization)

Each applicant for membership, including each individual officer and employee designated herein by an organizational applicant as a member of the IAIPSIG, must sign where indicated below.

Please photocopy this page for additional members.

I have read the IAIPSIG Code of Ethics and agree to be bound by its terms in the conduct of my work as an IPSIG.

I certify that the information in this application is true and correct.

Name: _____ Title: _____

Signed: _____

Dated: _____

Name: _____ Title: _____

Signed: _____

Dated: _____

Name: _____ Title: _____

Signed: _____

Dated: _____