OHIO INVESTIGATORS ASSOCIATION MEMBERSHIP APPLICATION

Calendar Year: 2024

\$25 payment can be made 1) electronically or 2) USPS: 1) Download the Zelle mobile cell phone app. Search for email address oiaofficers@yahoo.com, submit payment then email this application. 2) Enclose a check for \$25.00 (or the amount based on the Prorated Fee Schedule at http://www.ohioinvestigatorsassociation.com/) made payable to "Ohio Investigators Association" mailed to: OIA 6606 Tussing Rd. P.O. Box 4008 Reynoldsburg, OH 43068, along with this application.

If receipt is required, check here: ______

Please comple	te all information	on this form	ı. If you are re	newing and have	no changes pl	ease note.	
PLEASE TYPE OR	PRINT						
FULL NAME:							
JOB CLASSIFICAT	OB CLASSIFICATION:WORKING TITLE:						
NAME OF EMPLOY	/ER (Agency/Division	on):					
WORK ADDRESS:	Street		P.O. Box	City	State	Zip	
HOME ADDRESS:			D O D	011	01.1		
	Street	V40 D14	P.O. Box	City		•	
PREFERRED MAIL	_			DATE OF HIRE: _			
WORK TEL.:							
			_ FAX:				
Professional Certi	fications and Trai	ning (include y	ears, if possibl	e):			
Is this the first time	you've applied to th	is organization?	?Yes	No			
If yes, who referred	you?						
					011 1 11 11		
By signing below, I certify that the above information is true and correct, that I authorize the Ohio Investigators Association and its officers and agents to verify the information as necessary, that I am qualified for membership, and that I will be governed by the Bylaws of the Association. I also attest that I do not have a criminal past or pending criminal proceedings against me in any court of any state, federal or local jurisdiction or foreign court or its equivalent.							
	•	W					
SIGNATURE:		557/6		DATE: _			
SIGNATURE: DATE: MEMBERSHIP: The members of the Association shall be persons who have paid their annual dues of \$25.00, which are due in the first quarter of the calendar year and no later than March 31st of the current calendar year.							
	ooard or commission			s who are regularly em tion, such as, but not li			
an Ohio county/city/to	wnship/village who se dmitted where they a	erve in law, law er re employed by a	nforcement, regula bona-fide organiz	s who are regularly emp tory compliance or inve ation in the field of inve	estigations. Membe	rs from outside	
	hat relates to investig	ation, such as, bu	ut not limited to: cr	ccredited college or un minal justice, criminolo tigations.			
				e an Annual Meeting fo site and will be commu		embership	
ASSOCIATION USE	E ONLY	Cash	: k Enclosed:	C	ertificate/Pin Sen	t:	

State Warrant Due:

Date State Warrant Paid:

DATE APPLICATION RECEIVED: _____

Rev. 12/23