



# DEFENSE INVESTIGATORS ASSOCIATION

The California Organization of Public Defender Investigators  
P.O. Box 1184, Santa Maria, CA 93456  
www.cdia.org

## 2017 DIA MEMBERSHIP APPLICATION

**PLEASE PRINT/TYPE**

Last Name: \_\_\_\_\_, First \_\_\_\_\_ Membership#: \_\_\_\_\_

OFFICIAL TITLE: \_\_\_\_\_

TYPE OF MEMBERSHIP REQUESTED:

\_\_\_\_\_ ACTIVE MEMBERSHIP (Employed *full-time* by a Public Defender's Office and *actively engaged in the investigation* for defense of persons charged under federal, state, and county or local laws.)

\_\_\_\_\_ ASSOCIATE MEMBERSHIP (Persons not meeting the requirements of *Active Membership* and employed outside of the state of California; and private investigators and others whose principal and majority duty is criminal defense.)

OFFICE/COMPANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_ CA. PRIVATE INVESTIGATOR'S LIC. # \_\_\_\_\_

ARE YOU INTERESTED IN WORKING WITHIN THE ASSOCIATION? \_\_\_\_\_ YES or \_\_\_\_\_ NO

IF SO, WHAT COMMITTEE ARE YOU INTERESTED IN? \_\_\_\_\_

WHAT FUTURE TRAINING TOPICS WOULD YOU LIKE TO SEE OFFERED? \_\_\_\_\_

DIA membership year begins - January 1 and ends December 31. Dues are \$40 per calendar year.

I would like to pay: \_\_\_\_\_ \$40 for 1 year or \_\_\_\_\_ \$75 for 2 years

(If paying by check please mail your payment and completed application to the address above).

NOTE: *There will be an additional \$35 fee if your check is returned for NSF.*

*To pay by credit card please pay your dues through our secure website, [www.cdia.org](http://www.cdia.org) and mail to address above or email application to [DIAcalif@gmail.com](mailto:DIAcalif@gmail.com). By signing this application, I agree to abide by all standards of the Association as set forth in the by-laws or other regulations and confirm that I meet the requirements for membership as specified above.*

*Incomplete, inaccurate or illegible applications may result in denial and/or rescission of membership.*

Information from this form will be used to update the DIA Membership Directory. You may also download this form at our Website, [www.cdia.org](http://www.cdia.org).

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

FOR OFFICE USE ONLY

R: \_\_\_\_\_ P: \_\_\_\_\_ V: \_\_\_\_\_ WL: \_\_\_\_\_

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