

form at our Website, www.cdia.org.

DEFENSE INVESTIGATORS ASSOCIATION

The California Organization of Public Defender Investigators P.O. Box 124961, San Diego, CA 92112 www.cdia.org

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 is now a rolling membership and will expire one year after sign up date. Dues are \$40 per 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 use our secure website, www.cdia.org or mail your payment and completed application to the address above. 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

DATE SIGNATURE