

**COUNCIL OF PRIVATE INVESTIGATORS
-Manitoba-
MEMBERSHIP APPLICATION**

Personal Information

Name: _____
Prefix First Name Middle Name Last Name

Address: _____
Home Address

City Province Postal Code

Phone: _____
Home Phone Home Fax Cell Phone

E-Mail: _____

Web Site: _____

Employment

Membership Category: _____ PI Licence No.: _____

Employer: _____

Title: _____

Years Employed: _____

Business Address: _____

City Province Postal Code

Business Phone: _____
Business Phone Business Fax Business Cell

Preferred Mailing Address: Home _____ Work _____

Application Date Referred By Referrer E-mail.

I certify that the above is true and correct to the best of my knowledge. I certify that I have read the CPIM Code of Ethics and Code of Privacy and agree to adhere to all parts thereof. I certify that I have never been convicted of a criminal offense or have reported all criminal convictions to the CPIM. I agree that falsification of any information on this application is grounds for denial or revocation of membership. If this application is accepted, I agree to abide by the By-laws and Code of Ethics and Code of Privacy of the Council of Private Investigators – Manitoba. Membership is at the discretion of the CPIM Board of Directors whose decisions are final.

Signature Date

NOTICE

Information contained in the application and all subsequent information gathered is strictly confidential and will not be disclosed without written permission or by order of the court of competent jurisdiction.

The Association has the right to verify any and all details submitted in support of an application for membership.

All applications must be accompanied by a letter from the applicant which summarizes their background and their years of practical experience.