NORTHWEST FRAUD INVESTIGATORS ASSOCIATION
MEMBERSHIP FORM *(Please type or print)*

Please check appropriate Box: ☐ New Membership ☐ Change in Status/Membership Renewal

Section 1

DATE: _____

NAME: _____
Last *(Please type or print)* First Middle

Section 2

COMPANY: _____
Firm/Business Name Department

TITLE OR POSITION: _____

BUSINESS ADDRESS: _____

PAGER OR CELLULAR NUMBER: _____ EMAIL ADDRESS: _____

BUSINESS PHONE: ( ) _____ FAX NUMBER: ( ) _____

Section 3

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: _____

_____

PRIOR EMPLOYMENT: _____

NAME OF SUPERVISOR: _____

Section 4

RESIDENCE ADDRESS: _____

_____

RESIDENCE PHONE: ( ) _____

SEND CORRESPONDENCE TO: BUSINESS ☐ RESIDENCE ☐

Section 5

APPLICANT'S SIGNATURE: _____

Signature denotes agreement of applicant to abide by the Constitution, Amendments, By-Law's, Rules and Regulations and/or Executive Board decisions of the NWFIA. (Renewals and New Memberships please include $25.00 with this form and mail to the address listed below.)

Section 6

SIGNATURE OF SPONSOR: _____
Firm/Business Name and Phone Number

SIGNATURE OF SPONSOR: _____
Firm/Business Name and Phone Number

The signature of 2 (two) current NWFIA members is required, denoting recommendations and sponsorship by this member for the applicant to become a member of NWFIA.

Please mail the completed form to the following address (Renewals and New Memberships, please include $25.00):
NWFIA P.O. BOX 5522, Aloha, OR 97006-0522