

TENNESSEE ASSOCIATION OF INVESTIGATORS, INC.

NEW MEMBER APPLICATION/RENEWAL

NAME _____ PI LICENSE
NO. _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ FAX _____

E-
MAIL _____ WEBSITE _____

TYPE OF MEMBERSHIP: _____ ACTIVE (LICENSED INVESTIGATORS) \$50.00
_____ ASSOCIATE/AFFILIATE \$30.00

FEE ATTACHED \$ _____ CHECK NO. _____

MAIL TO
TAI, INC.
P. O. BOX 1419
COLLIERVILLE, TN 38027
901-861-4440

AUTHORIZATION FOR PUBLISHING MEMBER INFORMATION

I hereby authorize publishing my name, business address, telephone numbers, E-mail address and

Website on the TAI Internet Web page & in the directory.

SIGNATURE _____ DATE _____