

**LOS ANGELES COUNTY
CRIMINAL DEFENSE INVESTIGATORS ASSOCIATION
(L.A.C.C.D.I.A.)**

**P.O. Box 5817 Santa Monica CA 90409-5817
800.409.5296**

2006/2007 Membership

**Full Membership Annual Dues: \$55.00 – WAIVED
Associate Membership Annual Dues: \$45.00 – WAIVED
Affiliate Membership Annual Dues: \$35.00 – WAIVED**

(**Full Membership** = Licensed Private Investigator or Expert on Superior Court Panel;
Associate Membership = Licensed Private Investigator or Expert not on Superior Court
Panel; **Affiliate Membership** = Non licensed (employee) private investigator, colleague
or professional; **Dues expire 12/31 of each year**)

NAME: _____

COMPANY NAME: _____

P.I. LICENSE NO. (If Applicable) _____ **Expiration** _____

ADDRESS/MAILING ADDRESS: _____

TELEPHONE NUMBERS – Please include area code

OFFICE _____ **URL/WEB SITE** _____

FAX _____ **PAGER** _____

CELL _____ **EMAIL** _____

LANGUAGES SPOKEN/BILINGUAL _____

QUALIFIED EXPERTISE _____

Comments/Ideas for Trainings/Speakers/Meetings/Topics: