

MEMBERSHIP APPLICATION



The undersigned hereby applies for membership in the Associated Licensed Detectives of New York State, Inc., ("ALDONYS") and knowing that ALDONYS relies on the veracity of the applicants' statements herein as a condition of initial and ongoing membership, furnishes the following information:

Type of membership applied for (select one):

ACTIVE MEMBERSHIP shall be limited to individuals, partnerships and corporations who are holders of private investigator and/or watch guard and patrol agency licenses issued by the State of New York pursuant to Article 7 of the General Business Law. For the purpose of membership, the member shall be considered the agency with one vote, and its representative shall be the qualified principal, corporate officer or branch manager or their designee.
Dues: \$100.00 per year.

AFFILIATE MEMBERSHIP shall be limited to individuals who are full time employees of the duly licensed member and/or an employee of a duly licensed proprietary company pursuant to Article II, Section 3 of the constitution and bylaws, with no voting power and their membership shall cease upon their termination of said employment.
Dues: \$100.00 per year.

**Applicants for affiliate membership must have the following completed by their employer:

I, _____ (name of qualifying principal), hereby certify that applicant is a full-time employee of _____ (name of licensed member company).

Signature _____ Date _____

ASSOCIATE MEMBERSHIP shall be limited to individuals, partnerships and corporation of any other state, territory, District of Columbia or foreign country who operate as a licensed private investigator and/or watch guard and patrol agency outside the State of New York, and who can furnish proper and appropriate proof of licensing in their jurisdiction, pursuant to Article II, Section 4 of the constitution and bylaws, with no voting power.
Dues: \$100.00 per year.

APPLICANT INFORMATION

Applicant's Full Name _____

Date of Birth (For identification purposes only) _____

Position/Title _____

Trade or Corporate Name (Name on license issued by NYS Dept. of State) _____

Unique ID No.: _____

Please indicate whether (_____) Corporation (_____) Partnership (_____) Sole Proprietorship

Street Address: _____

City, State, Zip _____

County _____

Telephone _____ Fax _____

E-mail _____

Date initial license issued _____

Type of License: (_____) PI (_____) WGP Expiration Date _____

Please list names and titles of all principals, officers and/or partners.

Name	Title	Date of Birth

Does the applicant now hold, or has the applicant ever held, a private investigator or security agency license issued by any other state? Yes____ No____ If yes, please list state(s) and current license status. _____

Has the applicant, or any of the above named principals, officers or partners ever been denied a private investigator or watch guard and patrol agency license in New York or any other state? Yes____ No ____ If yes, please state particulars on separate sheet.

Has any private investigator or security agency license held by applicant or any of the above named principals, officers or partners ever been suspended or revoked in New York or any other state? Yes____No ____ If yes, please state particulars on separate sheet.

Have you ever been convicted of a crime or offense in New York or any other state or federal jurisdiction (other than a minor traffic infraction)? _____ **(Please write "yes" or "no")** If yes, please state particulars on separate sheet, including the court/jurisdiction where the offense(s) were adjudicated, case or docket number(s), and final disposition.

Have you ever had a professional license or any other license issued by a governmental authority suspended or revoked? Yes____ No ____ If yes, please state particulars on separate sheet.

As a condition of admission to and retention of membership, I, the undersigned, hereby affirm that I will comply with the bylaws and code of ethics of ALDONYS, and will assist wherever possible in purging unethical and abusive practices, promote public respect and confidence for our profession, and render efficient, ethical and dependable service. I hereby acknowledge that ALDONYS may conduct an investigation of the facts set forth in this application now or at any time during my membership in ALDONYS and that the truthfulness of the information provided herein is a condition precedent to membership. I understand that any false statement herein constitutes a basis for the denial or termination of membership and consent to ALDONYS conducting an investigation at any time to verify all statements and information provided herein.

SIGNATURE _____ DATE _____

References & Member Sponsor

Please list three business references (not including your ALDONYS sponsor below):

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ALDONYS SPONSOR

As required by Article II Section 6 of the ALDONYS Bylaws, all Applications for Membership must be signed by an active member of ALDONYS who agrees to sponsor the applicant and in doing so certifies that he or she believes the applicant meets all the necessary qualifications and should be accepted as a member.

I have obtained the support of ALDONYS member _____ to be my sponsor.

I have known him/her for _____ years. Please briefly describe your relationship: _____

SPONSOR: I have known the applicant, _____, for _____ years. The nature of my relationship with the applicant is _____.

In accordance with the requirement of the ALDONYS bylaws, I hereby sponsor the applicant and certify that I believe that he/she meets all necessary qualifications of membership and should be accepted as a member.

Signature of Sponsoring Member: _____ Date: _____

Please complete a separate application for each type of membership. Send your completed application, a photocopy of your private investigator/watch guard patrol license, and your check made payable to:

Associated Licensed Detectives of New York State, Inc.
118-35 Queens Blvd., Suite #1250
Forest Hills, NY 11375

If you have any questions regarding membership or this application, please contact the Membership Chairperson, Theresa Balfe at Theresapi@aol.com or 518-765-5537.