



# LIFETIME MEMBERSHIP APPLICATION

This is the official Lifetime Membership Application for the Florida Association of Licensed Investigators (FALI). You may select one of the four (4) options listed below to become a Lifetime Member.

I, \_\_\_\_\_, request Florida Association of Licensed Investigators (FALI), to process payment of my LIFETIME Membership fees by credit/debit card. I provide my complete, legible information and authorization below:

Name: \_\_\_\_\_

Credit/Debit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: (3 numbers on back or 4 numbers on front of AmEx) \_\_\_\_\_

Card Holder's Billing Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Card Holder's phone number: \_\_\_\_\_

Card Holder's E-Mail Address: \_\_\_\_\_

By my signature below, I authorize FALI to charge to the above listed credit/debit card the following amounts per my selection. Should the card above expire prior to the completion of my payment plan I will provide my updated card prior to the next payment due date.

\_\_\_\_ \$1,200 one time payment.      \_\_\_\_ 9 payments of \$125 + one payment of \$75 in a 12 month period

\_\_\_\_ \$300 every Six months for Two Years      \_\_\_\_ \$300 once per year for Four Years

***By my authorization below, I understand and agrees that all fees and or costs charged to my credit/debit card are non-refundable, non-reversible. Should I fail to pay the full amount due I understand that all monies paid will be applied to an extension of the existing Active membership at the regular rate in effect at the time of payment, for a period equivalent to the amount of monies paid.***

\_\_\_\_\_  
Card Holder's Name Printed

\_\_\_\_\_  
Card Holder's Signature

\_\_\_\_\_  
Dated

Accepted by:

\_\_\_\_\_  
FALI Administrator

\_\_\_\_\_  
Dated

Dates Payment will be charged based on plan selected: \_\_\_\_\_