



LIFE MEMBER APPLICATION

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

Payment Options (Please check one):

- \$1,500 one time payment
- \$375 every Six months for Two Years
- 12 payments of \$125 in a 12 month period
- \$375 once per year for Four Years

If paying by Credit/Debit Card:

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

Credit/Debit Card #: _____ Expiration Date: _____ CVV Number: _____

Card Holder's Billing Address:

Street _____

City _____ State _____ Zip Code _____

Card Holder's phone number: _____ E-Mail Address: _____

By my signature below, I authorize FALI to charge to the above listed credit/debit card the 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. I understand, and agree, that all fees charged to my credit/debit card are non-refundable, non-reversible.

Card Holder's Name Printed	Card Holder's Signature	Date
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If paying by check:

Name Printed	Signature	Date	Check # of first payment
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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.

Accepted by:

FALI Administrator	Dated
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Dates Payment(s) will be charged on card, or due by check based on plan selected:
