

Associated Detectives & Security Agencies of Illinois, Inc. STUDENT MEMBERSHIP APPLICATION



President: Bia Tyk
Tri County Investigations
621 Plainfield Road ~ Suite 204
Willowbrook, IL 60527
P (630) 655-1313
F (630) 655-4155

Category: Student – Membership Fee \$50/annual

Applicant Information

Date: _____

Are You a Prior Member? Yes No (Please Circle One) Year Last Active: _____

Applicant's Name: _____ DOB: _____

Applicant's Address: _____

Mobile Phone: _____ Email: _____

School Information

School Name: _____

School Address: _____

Projected Graduation Date: _____ Proposed Degree: (Please Circle One) AA BA/MA, MS, PhD

Degree Area of Concentration: _____

Your Student Advisor must sign this application and we will call to verify your student status (you must be enrolled in a Criminal Justice or related program to qualify)

Student Advisor's Name: _____

Advisor's Title: _____ Email: _____

Phone Number: _____

Industry Licensure

Do you currently hold any licensure in the Criminal Justice field, including a PERC card:

If yes, please specify license type: _____

License Number: _____

List State Disciplinary Action Taken Against You/:

Work Experience

Do you currently work for a Detective or Security Agency or in a Criminal Justice Related Field (loss prevention, courts, state or municipal agency?) If yes, please specify agency/employer:

Agency Name: _____ Supervisor's Name: _____

Agency Address: _____

Agency Phone: _____ Agency email: _____

Attestation

I Certify That, to the Best of My Knowledge, the Facts Contained Herein Are True and Complete. I Understand That the Information Supplied Will Be Investigated for Truthfulness and That, If Accepted, Falsified Statements on this Application Shall Be Grounds for Expulsion. I Authorize the Investigation of All Statements Contained Herein and Prior Employer's Listed Are to Cooperate in Giving Any and All Information Concerning My Previous Employment

along with Any Pertinent Information They May Have, Personal or Otherwise, and I Release All Parties from Any Liability for Any Damages That May Result from Them Furnishing Same to the Associated Detectives of Illinois, Inc.

Signature: _____ Date: _____
Student Advisor: _____ Date: _____

Please return to Bia Tyk at bia@ticoinvestigations.com

FOR ADSAI USE

Information Investigated? Yes – No

Membership Approved? Yes – No _____

Membership Chairperson's Signature _____

“A Corporation Organized Not for Pecuniary Profit, but for the Betterment of the Investigative/Security Professions”

03/13/2019

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