



SOUTH CAROLINA INSURANCE FRAUD INVESTIGATORS, INC.
MEMBERSHIP APPLICATION

(Please Print or Type)

www.sc-ifi.org

I hereby request membership in the SOUTH CAROLINA INSURANCE FRAUD INVESTIGATORS, INC. I affirm that I am dedicated to the control, prosecution and eradication of insurance fraud in my professional and personal status. I understand that membership is a privilege and not a right and that continuing membership is contingent on my moral and professional standards as exhibited by my actions and/or statements.

Table with 2 columns: PLEASE PRINT OR TYPE: and NOTE: ATTACH LETTERHEAD OR BUSINESS CARD FOR ID... Rows include Name, Title, Organization, Mailing Address, City & State, Phone Number, Fax Number, and E-Mail Address.

EMPLOYMENT (Check one)

- Insurance Company, Fire Department Investigator**, Private Investigator, Law Enforcement/Prosecutors**, Attorney (Primary practice representing Insurance Companies), National Insurance Crime Bureau, Other (Specify)

Fire Service and Law Enforcement/Prosecutors ☞ ** NO DUES REQUIRED

Initial dues are \$25.00 Renewals are \$20.00. Monies are due in January each year and are not prorated. Membership eligibility is the sole discretion of the officers of SCIFI. Please make checks payable to SCIFI, Inc. and MAIL TO:

SCIFI, Post Office Box 674, Columbia, S.C. 29202

I understand and accept the above provisions.

Signature: _____ Date: _____

Approved by: _____ Date: _____