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Albany, NY 12203
Toll Free: 800-417-0710
Local Telephone: 518-621-4517
Fax: 518-621-4516
www.aldonys.org • info@aldonys.org

Dear Colleague:

Today our industry faces important, real-time issues and potential threats to our profession that require attention, action, and the strength that comes from numbers. ALDONYS, New York State's largest organization for licensed private investigators, agency licensees and security guard firms, is an advocate for our industry, raising the standards and skills of its members through education, improved standards and awareness.

In choosing to become an ALDONYS member, you are making an important decision that demonstrates your commitment to maintaining high professional standards. In return, your ALDONYS membership the following benefits:

- Free listing in the ALDONYS directory
- Free listing on the ALDONYS website, with additional advertising available
- Exclusive updates on proposed legislation and regulation changes to licensing, registration and training
- Free subscription to *Spotlight*, the ALDONYS member newsletter
- Access to placement listings of jobs and employment opportunities
- Exclusive online and in-person networking opportunities with respected industry professionals

We welcome your application for membership to become a part of the future of our industry. If you have any questions regarding our membership plans, please visit our website at aldonys.org or by contacting us at 800-417-0710 or by email at info@aldonys.org.

Kind Regards,

Gil Alba
President, Associated Licensed Detectives of New York State (ALDONYS)

President Gil Alba Vice President-Security Daniel Sepulveda Vice President-Investigations Thomas Ruskin
Secretary Matthew Spaier Treasurer David Spencer Chairperson Mario J. Doyle, CPP

REGION 1 Julie O'Brien, Louis Zaneri REGION 2 Robert Auletta, Dennis Lyons REGION 3 Kevin Costello, Peter Zirolnik
REGION 4 Anthony Strollo, Kevin Connolly REGION 5 Douglas M. Amann, Leigh F. Hunt REGION 6 Mark Garner, Richard C. Ingraham
REGION 7 Jeffrey Rinaldo, Ron Coleman, CFE At Large North Scott Schuster At Large South Thomas Willdigg

Past Presidents Members of the Board Mario J. Doyle, CPP, Theresa A. Balfe, John M. Beck, CPP, Joseph Biondo, Anthony B. Carter, Jack Goldsborough, Bruce H. Hulme, CFE, Michael Hymanson, John F. Matula, CFE, Rainer A. Melucci, CFE, Robert S. Tucker, William Vassell, David E. Zeldin, CFE

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.

Q: What if I do not have a membership sponsor or know someone who can sponsor me?

A: If you are interested in joining ALDONYS but do not know a current member who could act as your sponsor, please search our online directory for a list of members in your area. Feel free to contact one of them, or the Regional Director for your area, and introduce yourself. After meeting you, and satisfying themselves that you would meet the membership criteria and character requirements, they may be willing to sponsor you. Otherwise, please contact us for further guidance.

The following information will appear in the ALDONYS Membership Directory and Website upon ALDONYS Board approval of your membership.

Company:		
Title:		
First Name:		
Last Name:		
Address:		
City:	State:	
Phone:	Ext.:	Fax:
Member Type:		
License Type:		
County:		
E-Mail Address:		
Website Address:		

Circle up to FOUR (4) services below you or your company provide

PRIVATE INVESTIGATOR

AI Accident Investigations
 AR Accident Reconstruction
 AF Arson, Fire & Explosion
 AS Asset Searchers
 BI Background Investigators
 BA Bank & Accounting Fraud
 CR Child Recovery
 CV Civil Investigations
 CR Criminal Investigations
 CC Computer Crime
 EC Electronic Counter Measures
 EN Environmental
 EW Expert Witness
 FS Forensic Services
 FR Fraud
 OI General Investigations
 II Insurance Investigations
 MM Malpractice, Medical/Legal

M Matrimonial
 MP Missing Persons/Heirs
 PP Pen & Pencil Testing
 PI Personal Injury
 PV Photography & Video
 PG Polygraphy
 PE Pre-Employment
 PS Process Services
 PL Product Liability
 PD Property Damage
 RS Record Services
 SS Shopping Services
 ST Skip Tracers
 SV Surveillance
 TP Trial Preparation
 UN Undercover
 WC White Collar Crimes
 WK Workers Compensation

WATCH GUARD AND PATROL AGENCY SERVICES

AG Armed Guards
 EP Executive Protection
 MP Mobile Patrol
 SC Security Consulting
 SS Security Systems
 UG Unarmed Guards

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: _____

Instructions:

- Please complete a separate application for each type of membership.
 - A completed applications must include the Applicant's signature as well as the Sponsoring Member's signature; as well as a photocopy of your private investigator/watch guard patrol license.
 - Scan and Email (info@aldonys.org) or Fax ((518-621-4516) your completed application and accompanying documentation, with a receipt of payment via PayPal
- Or
- Mail your completed application and accompanying documentation, and your check made payable to:

Associated Licensed Detectives of New York State, Inc.
1971 Western Avenue #232
Albany, NY 12203

If you have any questions regarding membership or this application, please contact us at info@ldonys.org.