



Associated Detectives & Security Agencies of Illinois, Inc.  
Mr. Dennis T. Koronkiewicz  
c/o The Knorok Detective Agency  
4415 West Harrison Street, Room 206  
Hillside, Illinois 60162  
708-447-9080

## MEMBERSHIP APPLICATION

**Category:** Active – Associate (Please Circle One)

**Date:** \_\_\_\_\_

**Are You a Prior Member?** Yes No (Please Circle One)

**Year Last Active:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
\_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **800:** \_\_\_\_\_

**Number of Employees?** \_\_\_\_\_ **County:** \_\_\_\_\_

Is Business an Assumed Name? Yes – No (Please Circle One), If Yes Is it Registered in Your County and with the Department of Financial & Professional Regulation? Yes – No (Please Circle One)

**Type of Business:** Corporation – Partnership – Sole Proprietor (Please Circle One)

**Type of Services Offered:** Security – Investigations – Both (Please Circle One)

**Type of License(s) Held and Give License Number:** (Please Circle Those That Apply)

Private Detective # 115- \_\_\_\_\_

Private Detective Agency # 117- \_\_\_\_\_

Private Security Contractor # 119- \_\_\_\_\_

Private Security Contractor Agency # 122- \_\_\_\_\_

**Date Associated with Above:** \_\_\_\_\_

Have You Personally or Your Agency Ever Had Action Taken Against a License or Is There Now Action Pending? Yes – No (Please Circle One),

If Yes, Please Explain on the Back Side or on Another Piece of Paper If Necessary and Include That Paper with Application.

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**List Previous Employment or Business Experience past Five Years:**

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**List State Disciplinary Action Taken Against You/agency:**

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**List Specialties You Would like Listed in Membership Directory:**

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**Business Web Site:** \_\_\_\_\_

**Business E-mail:** \_\_\_\_\_

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:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(This Application must Be Signed by a Member Sponsorer or the Membership Committee Chairperson)  
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”