



INDIA CHAPTER

Asian Professional Security Association®

901, Pragati Tower, 26 Rajendra Place, New Delhi – 110 008, INDIA

Tel: 91-11-41536880; 91-11- 41536890, Email: info@apsa-india.org

Website: www.apsa-india.org

MEMBERSHIP APPLICATION FORM (Corporate/Associate/Life)

1. Name of Organization: _____

2. Business Address _____

3. Tel: _____ Fax: _____ Mobile _____

Email: _____ Website _____

4. Constitution of the Organisation (Proprietor / Partnership / Pvt Ltd. / Ltd. / Others Please indicate name of Registrating authority' with Registration No. and date, if applicable).

5. Annual Turnover for last three years: _____

6. No. of Employees: _____

7. Nature of Business (Tick any three and rate them 1, 2, 3 according to the level of priority):

- | | |
|---|--|
| <input type="checkbox"/> Access Control Systems | <input type="checkbox"/> CCTV Surveillance Systems |
| <input type="checkbox"/> Intruder Alarm Systems | <input type="checkbox"/> Fire Detection & Protection Systems |
| <input type="checkbox"/> Security / Safety Equipment & Device | <input type="checkbox"/> Manned Guarding Services |
| <input type="checkbox"/> Physical Security Equipment | <input type="checkbox"/> Transport Security |
| <input type="checkbox"/> Safes and Safe Deposits | <input type="checkbox"/> Security Practitioner |
| <input type="checkbox"/> Security Surveys | <input type="checkbox"/> Security Education & Training |
| <input type="checkbox"/> Investigation Services | <input type="checkbox"/> End User of Security |
| <input type="checkbox"/> Bomb Disposal Equipment's | <input type="checkbox"/> Services/Equipment |
| <input type="checkbox"/> Others (Please specify) | <input type="checkbox"/> Integrated System |

8. Membership of other Professional Bodies/Associations: _____

(Attach separate sheets, if necessary)

9. In what way can you contribute to and benefit from objectives / activities of APSA.

(attach separate sheets, if necessary)

10. (a) Name & Designation & Contact No. of the Authorised Representative:

i. _____

ii. _____

iii. _____

• Has your organisation ever been refused / or expelled from any membership of a professional body / organisation? *

Yes No

- If yes, please give complete details

Declaration

I, _____ authorized representative (name) of (Name of the organisation / company) certify that all information here in is true and complete to the best of my knowledge and belief. I authorize verification of this information, and release all concerned from any liability in connection therewith. I hereby apply for membership in the Association and have read and understood the qualifications of membership, entrance fee and dues payment requirements as outlined in the Membership Information brochure. I agree to abide by the Association's By-Laws, to adhere to its Code of Ethics, and to promote its objectives. Providing false or misleading information in this application form or failure to adhere to APSA By-Laws and Code of Ethics shall be grounds for denial of membership or expulsion whenever discovered.

Authorised Signatory

Organisation / Company Seal

Date: _____

Place:

Eligibility Criteria

- i. Any legally incorporated company, firm, organization of body engaged in the manufacturing, supply, trading, marketing, distributing, commissioning and maintenance of security, materials, equipment and service related to the Protection Industry.
- ii. Professional security associations of federations or security organizations.

Membership Fee:

For Indian Members

Admission Fee (One Time)	:	Rs.	2,500.00
Annual Subscription	:	Rs.	10,000.00
Admission Fee Life/Associate Members (One Time)	:	Rs.	2,500.00
Associate Membership Fee	:	Rs.	7,500.00
Lifetime Subscription	:	Rs.	1,25,000.00
Life Time Associate Membership Fee	:	Rs.	50,000.00

For Foreign Members

Admission Fee (One Time)	:	USD.	100.00
Annual Subscription	:	USD.	500.00
Lifetime Subscription	:	USD.	10,000.00
Lifetime Associate Membership	:	USD	7,500.00

Note: 1. All outstation applicants to send payments through Demand Drafts only.

2. All Cheque/Drafts to favour "APSA India Chapter"

Please note that service tax @15.00% to be added.

FOR OFFICE USE ONLY

1. Date of Receipt _____ 2. Bank Draft/Cheque No. _____ for

Rs. _____ drawn on _____

3. Accepted / Rejected _____ 4. Date on which intimation sent. _____

5. Admission Fee Received: Yes No

(a) Annual Subscription Received: Yes No Period _____

6. Membership No: _____

7. Remarks: _____