



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 Foreign Nationals

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 @12.36% 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: _____