



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 Registering 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. 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 Nationals

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

Note: 1. All outstation applicants to send payments through Demand Drafts only.
 2. All Cheque/ Drafts to favour "**Asian Professional Security Association India Chapter**"
Please note that Goods & Service Tax (GST) @18% 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: _____

MEMBERSHIP APPLICATION LETTER

The General Secretary
Asian Professional Security Association – India Chapter
901, Pragati Tower,
26, Rajendra Place,
New Delhi –110 008
Tel. 91-11-41536880
Fax: 91-11-41536890
Email: info@apsa-india.org

Sir / Madam

I / We hereby apply for _____ (Individual / Corporate) membership of APSA –India Chapter. I agree to pay the admission fee / annual subscription as may be required. I also understand that the acceptance of my membership is subject to approval of the Executive Committee of APSA –India Chapter. I have read the Aims and Objectives and Rules & Regulations of the Association and agree to abide by them.

Please find enclosed my / our application form, duly filled in for your perusal.

Name & Signature of the Applicant _____

Designation with Corporate Seal (For Corporate member) _____

Place: _____

Date: _____

Note: 1. The application form should be filled clearly.
2. Cuttings / alterations should be avoided.
3. Above application to be printed on official letterhead. (For Corporate Members).