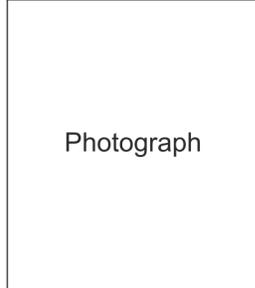




Asian Professional Security Association®

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 INDIVIDUAL

(General/ Ordinary/ Students/ Life)

1. Full Name of the Applicant : _____
2. Sex: Male Female
3. Nationality: _____
4. Date of Birth: Day Month Year
5. Marital Status: Married/ Unmarried
6. Name of Spouse: _____
7. Address (Residential): _____

_____ Tel: _____
Fax: _____ Mobile: _____
Email : _____
8. Address (Business): _____

_____ Tel: _____
Fax: _____ Mobile: _____
Email : _____
9. Preferred Mailing Address: Home Business
10. Educational Qualifications: (attach separate sheets, if necessary)

11. Technical/ Professional Qualifications: (attach separate sheets, if necessary)

12. Full Name of the Employer/ Organisation: _____
13. Designation: _____

14. Business Professional Activities (Tick maximum three and read then 1,2,3 in order 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 Services/ Equipment |
| <input type="checkbox"/> Bomb Disposal Equipment's | <input type="checkbox"/> Integrated System |
| <input type="checkbox"/> Others (Please specify) | |

15. If end user then please specify the nature of your organisation's Business.

16. If end user which of the following, do you use;

- | | |
|--|---|
| <input type="checkbox"/> Manned Guarding | |
| <input type="checkbox"/> Investigation Services | |
| <input type="checkbox"/> Consultancy | |
| <input type="checkbox"/> Equipment's | |
| <input type="checkbox"/> Access Control Systems | <input type="checkbox"/> Bomb Disposal Equipment |
| <input type="checkbox"/> Intruder Alarm Systems | <input type="checkbox"/> Fire Detection & Protection System: |
| <input type="checkbox"/> Physical Security Equipment | <input type="checkbox"/> Safes and Safe Deposits/ Cash in Transit |
| <input type="checkbox"/> CCTV Surveillance Systems | <input type="checkbox"/> Integrated Systems |
| <input type="checkbox"/> Any other (Please Specify) | |

17. Is your organisation into Distribution/ Installation/ Manufacturer of any of the above?

(Give complete details)

18. Membership of other Professional Societies/ Organisations (attach separate sheets, if necessary)

19. Activities in Public/ Social Affairs: (attach separate sheets, if necessary)

20. In what way can you contribute to and benefit from objectives/ activities of APSA.
(attach separate sheets, if necessary)

21. References:

- i) Name: _____ Designation: _____ Organisation: _____
Address: _____
Phone(s): _____ Fax: _____
- ii) Name: _____ Designation: _____ Organisation: _____
Address: _____
Phone(s): _____ Fax: _____

22. Recommendation by an existing APSA Member.

- Have you ever been criminally convicted under the Indian Penal Code?*

Yes No

- Have you ever been refused/ or expelled from any membership of a professional body/ organisation ?*

Yes No

*If yes, provide complete details.

I, _____ (name) certify that all information herein 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.

Date: _____

Signature

Place: _____

Eligibility Criteria

- i) Any person from the top management or executive staff, whether employed full-time part-time in any proprietary security organization, contract security organization or in a position related to or in-charge of security, loss prevention, risk management, fire prevention and safety duties and responsibilities for individual membership.
- ii) Any person who is employed as a manager, executive or is in top management of a security equipment manufacturing, supply, installation, maintenance and commissioning company or security auditing, consultancy and investigation agency etc is eligible to become a member in his / her individual capacity.

Membership Fee:

For India Nationals

(a) General:

Admission Fee (One Time)	:	Rs.	1,000.00
Annual Subscription	:	Rs.	5,000.00
Admission Fee Life time	:	Rs.	2,500.00
Lifetime Subscription	:	Rs.	30,000.00

(b) Ordinary

Admission Fee	:	Rs.	500.00
Annual Subscription	:	Rs.	2,000.00

(c) Students

Annual Subscription	:	Rs.	1,000.00
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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: _____