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):

☐	Access Control Systems	☐	CCTV Surveillance Systems
☐	Intruder Alarm Systems	☐	Fire Detection & Protection Systems
☐	Security / Safety Equipment & Device	☐	Manned Guarding Services
☐	Physical Security Equipment	☐	Transport Security
☐	Safes and Safe Deposits	☐	Security Practitioner
☐	Security Surveys	☐	Security Education & Training
☐	Investigation Services	☐	End User of Security
☐	Bomb Disposal Equipment's	☐	Services/Equipment
☐	Others (Please specify)	☐	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 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 **"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: _____