



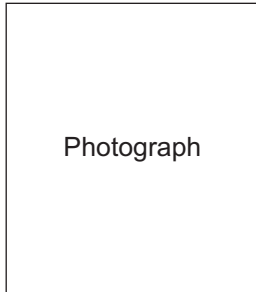
INDIA CHAPTER

Asian Professional Security Association®

901, Pragati Tower, 26 Rajendra Place, New Delhi-110 008, India

Tel: +91 11 41536880, Fax: +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: _____
Website: _____
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"/> |
| <input type="checkbox"/> Intruder Alarm Systems | <input type="checkbox"/> Fire Detection & Protection Systems | <input type="checkbox"/> |
| <input type="checkbox"/> Security / Safety Equipment & Device | <input type="checkbox"/> Manned Guarding Services | <input type="checkbox"/> |
| <input type="checkbox"/> Physical Security Equipment | <input type="checkbox"/> Transport Security | <input type="checkbox"/> |
| <input type="checkbox"/> Safes and Safe Deposits | <input type="checkbox"/> Security Practitioner | <input type="checkbox"/> |
| <input type="checkbox"/> Security Surveys | <input type="checkbox"/> Security Education & Training | <input type="checkbox"/> |
| <input type="checkbox"/> Investigation Services | <input type="checkbox"/> End User of Security Services/Equipment | <input type="checkbox"/> |
| <input type="checkbox"/> Bomb Disposal Equipment's | <input type="checkbox"/> Integrated System | <input type="checkbox"/> |
| <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;

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

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 Cheques/ 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: _____