



# MEMBERSHIP APPLICATION FORM

(Please complete using block capitals)

Registered Company Name:

Business Trading Name:

Private Security Authority Licence Number:

Registered CRO No.:  Trade commenced:

Business Address:

Registered Office:

Telephone:

Mobile:

Email:

Website Address:

### Sector of Industry in which engaged:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Intruder Alarm Installation | <input type="checkbox"/> CCTV/Access           | <input type="checkbox"/> Alarm Receiving Centre |
| <input type="checkbox"/> Guarding Services           | <input type="checkbox"/> Cash-In-Transit       | <input type="checkbox"/> Event Security         |
| <input type="checkbox"/> In-House Security           | <input type="checkbox"/> Private Investigators | <input type="checkbox"/> Locks & Safes          |
| <input type="checkbox"/> Physical (Gates, Barriers)  | <input type="checkbox"/> Security Consultants  | <input type="checkbox"/> Associate              |
| <input type="checkbox"/> Business Affiliate          | <input type="checkbox"/> Other                 |   |

Number of Staff  Full-time  Part-time

Turnover : (tick to indicate)

Under €500,000	<input type="checkbox"/>	Under €1M	<input type="checkbox"/>	Under €2M	<input type="checkbox"/>
Under €4M	<input type="checkbox"/>	under €10M	<input type="checkbox"/>	over €10M	<input type="checkbox"/>

Vat Registration Number

Tax Clearance  Yes  No Insurance Cover (attach copy schedule)

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(Continued)

**Standards** (attach copy if applicable)

ISO : 9000 Registered Company Status	<input type="checkbox"/>	I.S.999:2004	<input type="checkbox"/>	I.S.228: 1997	<input type="checkbox"/>
EN 50131 (Alarm)	<input type="checkbox"/>	EN50132 (CCTV)	<input type="checkbox"/>	EN 50133 (Access)	<input type="checkbox"/>
I.S.998:2006	<input type="checkbox"/>	SR40	<input type="checkbox"/>	Other (                    )	<input type="checkbox"/>

**List of Directors**

2.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>

**Details of previous Directorships in last 10 years** (please use separate sheet if necessary)

<input type="text"/>
Company
<input type="text"/>
Company

**Membership of other Associations:**


**Details of Auditors:**

Address:	<input type="text"/>
	<input type="text"/>
Telephone:	<input type="text"/>

**Declaration**

I/We hereby give the ISIA permission to make representations to our company's Auditors directly for a financial statement to the company.

I/We certify that the foregoing information is correct to the best of my/our knowledge. If this application is approved I/We agree to observe the rules and bye-laws of the Association and to participate actively in all lawful activities, to the advancement and growth of the Association, as may be required from time to time.

Name	<input type="text"/>
Position	<input type="text"/>
Signed	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

The completed application form, together with a non-refundable application fee of €250 +Vat 23% should be forward to ISIA, Chase House, City Junction Business Park, Northern Cross, Malahide Road, Dublin 17